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|--|--------------------------|---|-------|--|---------|-------------|--|
| No. W 59733 | | Due no later than Feb 28, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. OASIS MEDICAL CENTER, LLC DIANE T BEARSS 1110 N FIVE MILE RD BOISE ID 83713 USA | | JEANETTE K RHODES 1110 N FIVE MILE RD BOISE ID 83713 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | DR DIANE (TURNER) BEARSS | 9000 W DUCK LAKE DR | BOISE | ID | USA | 83714 | |
| MEMBER | JAMES G BEARSS | 9000 W DUCK LAKE DR | BOISE | ID | USA | 83714 | |
| 5. Organized Under the Laws of: ID W 59733 | | 6. Annual Report must be signed.* Signature: Jeanette K. Rhodes Name (type or print): Jeanette K. Rhodes Date: 01/31/2014 Title: Registered Agent | | | | | |
| Processed 01/31/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |