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| No. W 24030 | Due no later than May 31, 2015 Annual Report Form | | 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. AHC OGDEN LLC CINDY M STICE 215 N WHITLEY STE 3 FRUITLAND ID 83619 | | DAVID W NATTRESS 215 N WHITLEY STE 3 FRUITLAND 83619 | | | |
| | | | 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 | ADVANCED HEALTH CARE CORPORATION | 215 N WHITLEY STE 3 | FRUITLAND | ID | | 83619 |
| 5. Organized Under the Laws of: ID W 24030 | | 6. Annual Report must be signed.* Signature: Sara Jackson Name (type or print): Sara Jackson Date: 04/17/2015 Title: Admin Assistant | | | | |
| Processed 04/17/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |