

No. W 94709		Due no later than Jul 31, 2012 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		1. Mailing Address: Correct in this box if needed. HCG PROVIDERS LLC MICHELLE WARD 3537 S FEDERAL WAY #103#209 BOISE ID 83705 USA		MICHELLE WARD 4465 S TRAILS END LN BOISE ID 83716			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name LOLA J SCAGGS	Street or PO Address 853 IRONSIDE DR		City BOISE	State ID	Country USA	Postal Code 83706
5. Organized Under the Laws of: ID W 94709		6. Annual Report must be signed.* Signature: Michelle Ward Name (type or print): Michelle Ward Date: 08/31/2012 Title: Owner					
Processed 08/31/2012 * Electronically provided signatures are accepted as original signatures.							