

No. W 131377		Due no later than Nov 30, 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		1. Mailing Address: Correct in this box if needed. HEALTH CARE ASSETS, LLC CRAE BERRETT 2891 SHELLY PL POCATELLO ID 83201		CRAE BERRETT 2891 SHELLY PL POCATELLO ID 83201			
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 AGUA MALA, LLC	Street or PO Address 2891 SHELLY PL		City POCATELLO	State ID	Country USA	Postal Code 83201
5. Organized Under the Laws of: ID W 131377		6. Annual Report must be signed.* Signature: Crae Berrett Name (type or print): Crae Berrett Date: 09/17/2015 Title: Manaer					
Processed 09/17/2015 * Electronically provided signatures are accepted as original signatures.							