

No. W 131377		Due no later than Nov 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTH CARE ASSETS, LLC CRAE BERRETT 2891 SHELLEY PL POCATELLO ID 83201		CRAE BERRETT 2891 SHELLEY PL POCATELLO ID 83201			
				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	AGUA MALA, LLC	2891 SHELLEY PL	POCATELLO	ID	USA	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.					