No. **W 70564**	**Due no later than Jan 31, 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.** CORBY DICKEY - HEALTH CAREERS, LLC. CORBY DICKEY PO BOX 406 NEW MEADOWS ID 83654 USA	DWIGHT DICKEY 1212 BOROS RD NEW MEADOWS 83654 3. New 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	CORBY DICKEY	PO BOX 406	NEW MEADOWS	ID		83654

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 70564**	Signature: Corby Dickey	Date: 11/25/2014
	Name (type or print): Corby Dickey	Title: Officer

Processed 11/25/2014

* Electronically provided signatures are accepted as original signatures.