

No. W 91187	Due no later than Mar 31, 2013 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. PROMONTORY HEALTHCARE MANAGEMENT, LLC BEN WOOD PO BOX 12269 PORTLAND OR 97212		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA			
			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	BEN WOOD	PO BOX 12269	PORTLAND	OR	USA	97212
5. Organized Under the Laws of: DE W 91187	6. Annual Report must be signed.* Signature: Ben Wood Name (type or print): Ben Wood		Date: 01/17/2013 Title: Owner			
Processed 01/17/2013		* Electronically provided signatures are accepted as original signatures.				