

No. W 79729		Due no later than Dec 31, 2009		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. ASHFIELD HEALTHCARE, LLC NEVILLE ACASTER ONE IVYBROOK BOULEVARD SUITE 110 IVYLAND PA 18974 USA		CAPITOL CORPORATE SERVICES INC 1401 SHORELINE DR STE 2 BOISE ID 83702 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
MANAGER	NEVILLE ACASTER	ONE IVYBROOK BOULEVARD SUITE 110 IVYLAND		PA	USA 18974
5. Organized Under the Laws of: FL W 79729		6. Annual Report must be signed.* Signature: N Acaster Name (type or print): N Acaster Date: 01/21/2010 Title: Director of Finance			
Processed 01/21/2010		* Electronically provided signatures are accepted as original signatures.			