

No. W 24030		Due no later than May 31, 2016 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. AHC OGDEN LLC CINDY M STICE 215 N WHITLEY STE 3 FRUITLAND ID 83619		DAVID W NATTRESS 215 N WHITLEY STE 3 FRUITLAND ID 83619		
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	ADVANCED HEALTH CARE CORPORATION	215 N WHITLEY STE 3	FRUITLAND	ID	83619	
5. Organized Under the Laws of: ID W 24030		6. Annual Report must be signed.* Signature: Sara Jacksonn Name (type or print): Sara Jacksonn Date: 03/22/2016 Title: admin assistant				
Processed 03/22/2016 * Electronically provided signatures are accepted as original signatures.						