

No. <b>W 16529</b>	<b>Due no later than Sep 30, 2017</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> LINGARDEN HEALTH, LLC LINDA M MAINVIL FISCHER 40 N PIT LN NAMPA ID 83687	LINDA MAINVIL FISCHER 40 N PIT LN NAMPA ID 83687			
		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	LINDA MAINVIL FISCHER	40 N PIT LN	NAMPA	ID	83687
5. Organized Under the Laws of:  <b>ID W 16529</b>	6. Annual Report must be signed.* Signature: Linda Mainvil-Fischer Date: 10/23/2017 Name (type or print): Linda Mainvil-Fischer Title: Registered Agent				
Processed 10/23/2017		* Electronically provided signatures are accepted as original signatures.			