No. W 109781		Due no later than Jan 31, 2013 2. Registered Agent and Address (NO Po				PO BOX)	
Return to:		Annual Report Form		DAN COCHRAN 1989 ANITA PL POCATELLO ID 83201 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COCHRAN HEALTHCARE CONSULTING LLC DAN COCHRAN 1989 ANITA PL POCATELLO ID 83201	POCATELLO				
NO FILING FEE IF RECEIVED BY DUE DATE							
700	npanies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER DAN COCHR		AN 1989 ANITA PLACE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Dan Cochran		Date: 01/23/2013			
W 109781		Name (type or print): Dan Cochran		Title: Owner			
Processed 01/23/2013 * Electronically provided signatures are accepted as original signatures.							