

No. W 95796	Due no later than Aug 31, 2012 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. MORAN HEALTH, PLLC THOMAS W PEASHKA 22180 GIFFORD REUBENS RD CULDESAC ID 83524-6111	THOMAS W PEASHKA 22180 GIFFORD REUBENS RD CULDESAC ID 83524-6111			
		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	LYNN-MARIE M PEASHKA	22180 GIFFORD REUBENS RD	CULDESAC	ID	USA 83524-6111
5. Organized Under the Laws of: ID W 95796	6. Annual Report must be signed.* Signature: Lynn-Marie Peashka Date: 09/12/2012 Name (type or print): Lynn-Marie Peashka Title: Owner				
Processed 09/12/2012		* Electronically provided signatures are accepted as original signatures.			