

No. <b>W 48536</b>	<b>Due no later than Mar 31, 2012</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> KEENE HEALTH, LLC K PAUL KEENE 1227 W EMMY CT KUNA ID 83634-3028 USA		PAUL KEENE 1227 W EMMY CT KUNA ID 83634-3028			
			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	L PAUL KEENE	515 E WILD PRIMROSE CT	KUNA	ID	USA	83634
MANAGER	PAUL KEENE	P.O BOX 915	KUNA	ID	USA	83634-0900
5. Organized Under the Laws of:  <b>ID</b> <b>W 48536</b>	6. Annual Report must be signed.* Signature: K Paul Keene Name (type or print): K Paul Keene		Date: 01/11/2012 Title: Owner/Manager			
Processed 01/11/2012		* Electronically provided signatures are accepted as original signatures.				