No. <b>W 77083</b>		Due	e no later than Aug 31, 2013	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form C T CORPORATION SYSTEM					
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.  921 S ORCHARD ST STE G BOISE ID 83705				G	
		EMPRES HEALTHCARE MANAGEMENT, LLC PATTI GROTH 4601 NE 77TH AVE STE 300		USA			
		VANCOUVER \	3. New Registered Agent Signature:*				
4. Limited Liability Co	ompanies: Enter Na	mes and Addresse	s of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER DALE L PAT		TTERSON	4601 NE 77TH AVENUE SUITE 300	VANCOUVER	WA	USA	98662
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
WA W 77083		Signature: Dale L Patterson			Date: 06/19/2013		
		Name (type or	Title: Manager				
Processed 06/19/201	.3	* Electronically pr	ovided signatures are accepted as original sig	natures.			