

No. W 116306		Due no later than Aug 31, 2016 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		1. Mailing Address: Correct in this box if needed. CROSS HEALTHCARE LLC RYAN RASMUSSEN PO BOX 2122 IDAHO FALLS ID 83403		RYAN RASMUSSEN 1950 E 1ST ST IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				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	RYAN RASMUSSEN	2032 W 6450 S	REXBURG	ID	USA	83440	
MEMBER	ZACH SUTTON	567 EAGLEWOOD DRIVE	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID W 116306		6. Annual Report must be signed.* Signature: Zachary Sutton Name (type or print): Zachary Sutton Date: 09/21/2016 Title: Manager					
Processed 09/21/2016 * Electronically provided signatures are accepted as original signatures.							