

No. <b>W 86359</b>		<b>Due no later than Aug 31, 2017</b>		<b>2. Registered Agent and Address (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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  LIFE FLIGHT NETWORK, LLC JAY HULL C/O DWT OREGON LLC 1300 SW 5TH AVE STE 2400 PORTLAND OR 97201-5610		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
				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	PROVIDENCE HEALTH SYSTEM-OREGO	1235 NE 47TH AVENUE, SUITE 299	PORTLAND	OR	USA	97213	
MEMBER	OREGON HEALTH & SCIENCE UNIV	3181 SW SAM JACKSON PARK ROAD	PORTLAND	OR	USA	97239-3098	
MEMBER	LEGACY EMANUEL HOSPITAL	1919 NW LOVEJOY STREET	PORTLAND	OR	USA	97209-3098	
MEMBER	ST ALPHONSE REGIONAL MED CTR	1055 N CURTIS ROAD	BOISE	ID	USA	83706	
5. Organized Under the Laws of:  <b>OR W 86359</b>		6. Annual Report must be signed.*  Signature: Jay Hull Name (type or print): Jay Hull  Date: 09/29/2017 Title: Authorized Person					
Processed 09/29/2017		* Electronically provided signatures are accepted as original signatures.					