No. W 116306		Due no later than Aug 31, 2013		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		RYAN RASM	RYAN RASMUSSEN 1950 E 1ST ST IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
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		IDAHO FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE		IDANOTALES ID 65405		3. <u>INCW</u> Register				
4. Limited Liability Con	mpanies: Enter Nai	mes and Addresses o	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
Member Member Member	RYAN RASMUSSEN ZACH SUTTON COLBY COOMBS		2032 W 6450 S 567 EAGLEWOOD DRIVE 5218 TREYDEN DRIVE	REXBURG REXBURG AMMON	ID ID ID	USA USA USA	83440 83440 83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 116306		Signature: W Brian Haderlie			Date: 07/01/2013			
		Name (type or print): W Brian Haderlie			Title: Cpa			
Processed 07/01/2013	3	* Electronically provi	ded signatures are accepted as origina	l signatures.				