

No. W 505

Due no later than September 30, 2008

## Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

HERD HEALTH P.L.L.C.  
ROBERT DEY  
14260 SAND HOLLOW RD  
CALDWELL, ID 83607

ROBERT DEY  
14260 SAND HOLLOW RD  
CALDWELL, ID 83607

3. New Registered Agent Signature

NO FILING FEE IF  
RECEIVED BY DUE DATE

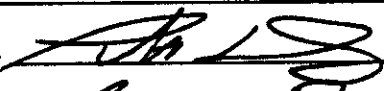
4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
<del>MANAGER</del>	CAL WOODBURN	14169 LOCUST	NAMPA	ID	83686
<del>MANAGER</del>	ROBERT DEY	14260 SAND HOLLOW	CALDWELL	ID	83607
<del>MANAGER</del>	ELIZABETH BOUTMAN	16402 ORCHARD	CALDWELL	ID	83607
<del>MANAGER</del>	JASON HELLER	3625 SHEPHERD	NAMPA	ID	83686
<del>MANAGER</del>	LANCE CHENEY	1372 S. WHITEWATER	NAMPA	ID	83686

5. Organized Under the Laws of:  
IDAHO  
W 505

6.

Signature



Date

9/4/08

Name (Typed or Printed)

ROBERT DEY

Title

MANAGING MEMBER

Issued 07/01/2008

Do Not Tape or Staple

200809004276