

No. W 97420		Due no later than Oct 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: 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. VISTA HEALTH CENTER, LLC KATHLEEN ASBELL 452 D STREET IDAHO FALLS ID 83402		KATHLEEN A ASBELL 452 D STREET IDAHO FALLS ID 83402			
				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	
MANAGER	KATHLEEN ASBELL	452 D STREET	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: ID W 97420		6. Annual Report must be signed.* Signature: Kathleen Asbell Name (type or print): Kathleen Asbell					
				Date: 08/12/2013		Title: Mng. Member	
Processed 08/12/2013		* Electronically provided signatures are accepted as original signatures.					