

No. W 84225		Due no later than May 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CYCLES OF LIFE HEALTH CARE PLLC DONNA J FOORD 1301 N DIVISION SANDPOINT ID 83864 USA		DONNA FOORD 1301 NORHT DIVISION SANDPOINT ID 83864			
				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	DONNA J FOORD	61 PONDER POINT DR.	SANDPOINT	ID	USA	83864	
MEMBER	DONNA J FOORD	61 PONDER POINT DR	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID W 84225		6. Annual Report must be signed.* Signature: Donna Foord Name (type or print): Donna Foord Date: 03/26/2014 Title: Owner					
Processed 03/26/2014		* Electronically provided signatures are accepted as original signatures.					