No. W 505		Due no later than Sep 30, 2017		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HERD HEALTH P.L.L.C. ROBERT DEY PO BOX 536 CALDWELL ID 83606		ROBERT DEY 1904 E CHICAGO STE G CALDWELL ID 83605 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	panies: Enter Nar	nes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	ROBERT A I	DEY	14260 SAND HOLLOW RD.	CALDWELL	ID		83607	
MANAGER	KIRK A MUELLER		16454 SG WAY	CALDWELL	ID		83607	
MEMBER			12909 FEATHERSTONE	NAMPA	ID	USA	83686	
MANAGER	BRIAN VOORTMAN		20460 MAGGARD LN	CALDWELL	ID	USA	83607	
MANAGER			17130 STIEHL CREEK DR.	NAMPA,	ID	USA	88368	
MEMBER	MARCUS SKACEL		8620 WHITE HORSE COURT	CALDWELL	ID	USA	83687	
MANAGER	DAMIAN LET	TIERI	12144 W MUSKET DR.	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 505		Signature: Robert A Dey		Date: 09	Date: 09/08/2017			
		Name (type or print): Robert A Dey		Title: managing member				
Processed 09/08/2017		* Electronically pro	vided signatures are accepted as original	l signatures.				