

No. W 37530	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012			2. Registered Agent and Office (NOT A P.O. BOX)		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX B3720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. COMMUNITY CARE LEASING, L.L.C. RYAN L. PETERSON 2725 CHANNING WAY IDAHO FALLS ID 83404			RYAN L. PETERSON <i>Troy Bramfield</i> 2725 CHANNING WAY IDAHO FALLS ID 83404		
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature.		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>See attached</i>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of: IDAHO W 37530		6. Signature: <i>Troy Bramfield</i>		Date: <u>2/15/13</u> Title:		
Name (type or print):						

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Member	Rocky Mountain Medicine, 138 K Street, Rexburg, ID 83440
Member	APMC, 4584 S 45 th E, Idaho Falls, ID 83406
Member	Rigby Family Medical Center, PO Box 51568, Rigby, ID 83405
Member	Eastern Idaho Healthcare, 3015 S 2810 W, Rexburg, ID 83440
Member	Brumfield Medical Services, 356 Lacosta, Idaho Falls, ID 83401
Member	Jeffrey Stieglitz, PO Box 1546, Idaho Falls, ID 83403
Member	Scott Packer, 7584 S 8 th W, Idaho Falls, ID 83402
Member	Tier 2 Enterprises, 6027 Gleneagles, Idaho Falls, ID 83402
Member	Hometown Healthcare, 655 Harvest Drive, Rexburg, ID 83440