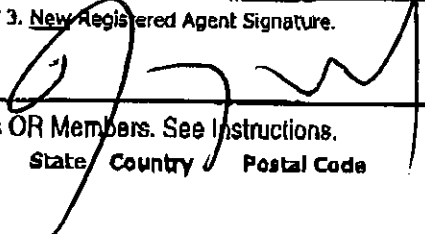
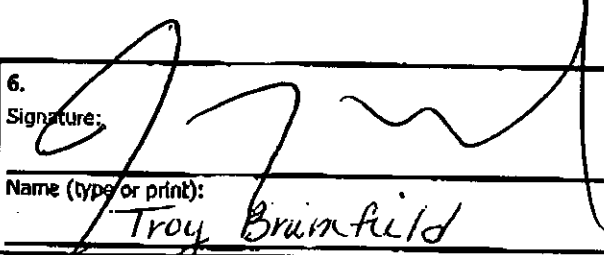


<b>No. W 37530</b>		<b>Reinstatement Annual Report Form</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b>	
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b> COMMUNITY CARE LEASING, L.L.C. <del>RYAN L PETERSON</del> 2725 CHANNING WAY IDAHO FALLS ID 83404		<del>RYAN L PETERSON</del> <i>Troy Brumfield</i> 2725 CHANNING WAY IDAHO FALLS ID 83404	
<b>REINSTATEMENT FEE DUE: \$30.00</b>				<b>3. New Registered Agent Signature.</b> 	
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>					
<b>Manager or Member</b>		<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State Country Postal Code</b>
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"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
<b>5. Organized Under the Laws of:</b>  IDAHO W 37530		<b>6. Signature:</b> 		<b>Date:</b> <i>2/5/13</i>	
		<b>Name (type or print):</b> <i>Troy Brumfield</i>		<b>Title:</b>	
<b>Issued 02/05/2013 by DK1</b>					

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

Member	Rocky Mountain Medicine, 138 K Street, Rexburg, ID 83440
Member	APMC, 4584 S 45 <sup>th</sup> 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 <sup>th</sup> W, Idaho Falls, ID 83402
Member	Tier 2 Enterprises, 6027 Gleneagles, Idaho Falls, ID 83402
Member	Hometown Healthcare, 655 Harvest Drive, Rexburg, ID 83440