

No. W 109487		Due no later than Dec 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. INDEPENDENT HEALTHCARE SOLUTIONS, LLC ALANA ERICKSON PO BOX 384 MC CALL ID 83638		ALANA ERICKSON 865 SHELIA LN MC CALL ID 83638			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ALANA ERICKSON	Street or PO Address PO BOX 384		City MC CALL	State ID	Country USA	Postal Code 83638
5. Organized Under the Laws of: ID W 109487		6. Annual Report must be signed.* Signature: alana erickson Name (type or print): alana erickson Date: 12/02/2016 Title: owner					
Processed 12/02/2016 * Electronically provided signatures are accepted as original signatures.							