

|  |                |   |        |  |                  |             |  |
|--|----------------|---|--------|--|------------------|-------------|--|
| No. <b>W 109487</b>  |                | <b>Due no later than Dec 31, 2016</b>   |        | 2. Registered Agent and Address <b>(NO PO BOX)</b> |                  |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>INDEPENDENT HEALTHCARE SOLUTIONS, LLC<br>ALANA ERICKSON<br>PO BOX 384<br>MCCALL ID 83638 |        | ALANA ERICKSON<br>865 SHELIA LN<br>MCCALL ID 83638 |                  |             |  |
|  |                |   |        | 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 |  |
| MANAGER  | ALANA ERICKSON | PO BOX 384  | MCCALL | ID   | USA              | 83638       |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |        |  |                  |             |  |
| <b>ID<br/>W 109487</b>   |                | Signature: alana erickson   |        |  | Date: 12/02/2016 |             |  |
|  |                | Name (type or print): alana erickson  |        |  | Title: owner     |             |  |
| Processed 12/02/2016   |                | * Electronically provided signatures are accepted as original signatures.   |        |  |                  |             |  |