

No. <b>W 159995</b>		<b>Due no later than Dec 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  HEALTH CARE ANSWERS, LLC 1009 W QUINN RD POCATELLO ID 83202		DANIEL FRASURE 1009 W QUINN RD POCATELLO ID 83202			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 PINNACLE HEALTH SERVICES, INC.	Street or PO Address 140 NORTH UNION AVE. SUITE F350		City FARMINGTON	State UT	Country USA	Postal Code 84025
5. Organized Under the Laws of:  <b>ID</b> <b>W 159995</b>		6. Annual Report must be signed.*  Signature: Danny Frasure Name (type or print): Danny Frasure  Date: 10/31/2017 Title: Manager					
Processed 10/31/2017 * Electronically provided signatures are accepted as original signatures.							