

No. W 95481		Due no later than Aug 31, 2017 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. VHA WEST COAST INSURANCE AND FINANCIAL SERVICES, LLC DENICE LINTON 290 E. JOHN CARPENTER FREEWAY IRVING TX 75062		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	VIZIENT INSURANCE SVCS., LLC	290 E. JOHN CARPENTER FREEWAY	IRVING	TX	USA	75062	
5. Organized Under the Laws of: DE W 95481		6. Annual Report must be signed.* Signature: David Berry Name (type or print): David Berry					
		Date: 06/28/2017 Title: Secretary					
Processed 06/28/2017 * Electronically provided signatures are accepted as original signatures.							