No. <b>W 168679</b> Return to:		Due no later than Jun 30, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  KNIGHTON HEALTH SERVICES LLC  VIRGIL LARSON  890 DELL RD  CHUBBUCK ID 83202			2. Registered Agent and Address (NO PO BOX)  VIRGIL LARSON  890 DELL RD CHUBBUCK ID 83202  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
200		mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	JASON KNIO	GHTON	890 DELL RD		CHUBBUCK	ID	USA	83202
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: VIRGIL LARSON			Date: 06/26/2017			
W 168679		Name (type or print): VIRGIL LARSON			Title: AGENT			
Processed 06/26/2017 * Electronically provided signatures are accepted as original signatures.								