No. W 133781		Due no la	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HCFS HEALTH CARE FINANCIAL SERVICES, LLC LEGAL DEPT. ATTN: KELLY GREANEY 265 BROOKVIEW CENTRE WAY #400					
		KNOXVILLE TN 37919		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held N	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER JOSEPH B. CARMAN		265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919	
Comparison Under the Levi	.a. a.f.	C. Annual Department	an signad X				
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
FL W 133781		Signature: Manager		Date: 01/24/2017			
		Name (type or print): Manager		Title: Joseph B. Carman			
Processed 01/24/2017	* Electronically provided signatures are accepted as original signatures.						