No. W 109112			Due no later than Dec 31, 2015		Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM			
Return to:		Annual Report Form						
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.			921 S ORCHARD ST STE G BOISE ID 83705			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		PARALLON HEALTH INFORMATION SOLUTIONS, LLC ATTN LEGAL DEPT ONE PARK PLAZA		BOISE ID 6				
		NASHVILLE TN 37203		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	JOHN M FRANCK II		ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
MANAGER	DONALD W	STINNETT	ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
MANAGER	WILLIAM B	RUTHERFORD	ONE PARK PLAZA	NASHVILLE	TN	USA	37203	
5. Organized Under the Laws of:		6. Annual Report r						
TN W 109112		Signature: John M. Franck II			Date: 10/14/2015			
		Name (type or p	Title: Manager					
Processed 10/14/2015		* Electronically pro	vided signatures are accepted as original	signatures.				