No. W 181578		Due no later than Apr 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CAPELLA HEALTHCARE, LLC 103 CONTINENTAL PLACE SUITE 200 BRENTWOOD TN 37027		921 S ORCHARD ST STE G BOISE ID 83705 3. New 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 Na	ime		Street or PO Address	City	State	Country	Postal Code
MEMBER CAPELLA HOLI		LDINGS, LLC	103 CONTINENTAL PLACE SUITE 200	BRENTWOOD	TN	USA	37027
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE		Signature: Kelly Lettmann		Date: 03/31/2018			
W 181578		Name (type or print)	Title: POA				
Processed 03/31/2018	* Electronically provided signatures are accepted as original signatures.						