No. <b>W 87473</b>		Due no later than Oct 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ERIC C BECK 3447 EAST 650 NORTH MENAN ID 83434			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.  COMPLETE HEALTH SOLUTIONS, LLC  HOLLY BECK  3979 E 170 N  RIGBY ID 83442  USA					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HOLLY BEC			PILIVAIV ID 03737			
	RIGBY ID			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ent	er Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER CORTN	EY E BECK	3979 EAST 170 NORTH	RIGBY	ID	USA	83442	
MEMBER HOLLY	BECK	3979 EAST 170 NORTH	RIGBY	ID	USA	83442	
5. Organized Under the Laws of:	6. Annual Rep	ort must be signed.*					
ID ID	Signature:	Signature: Holly Beck		Date: 11/05/2011			
W 87473	Name (type	e or print): Holly Beck	Title: Ma	Title: Managing Member			
Processed 11/05/2011	* Electronically	* Electronically provided signatures are accepted as original signatures.					