

No. W 39532	Due no later than May 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. IDAHO INTEGRATED HEALTHCARE NETWORK, LLC CHRISTINE NEUHOFF 190 E BANNOCK BOISE ID 83712		CHRISTINE NEUHOFF 815 E PARK BLVD 3RD FL BOISE ID 83712			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	SELECT MEDICAL NETWORK OF ID	190 E BANNOCK ST	BOISE	ID		83712
5. Organized Under the Laws of: ID W 39532		6. Annual Report must be signed.* Signature: Carol Wilmes Name (type or print): Carol Wilmes		Date: 04/03/2018 Title: Exec. Assistant		
Processed 04/03/2018		* Electronically provided signatures are accepted as original signatures.				