No. <b>W 89125</b>		Due no later than Dec 31, 2015	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	The Associated Control of Control	C T CORPORATION SYSTEM			
SECRETARY OF STATE	1. Mailir	ng 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	JEANNA N	NAVITUS HEALTH SOLUTIONS, LLC JEANNA M LESLIE 2601 W BELTLINE HWY STE 600		DOISE ID 63763			
	MADISON	WI 53713	3. New Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addr	resses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER PETER J	BESTE	3808 SWOBODA RD	VERONA	WI	USA	53593	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
WI	Signature	Signature: Jeanna Date: 12/18/2015					
W 89125	Name (ty	Name (type or print): Jeanna Title: Leslie					
Processed 12/18/2015	* Electronica	* Electronically provided signatures are accepted as original signatures.					