

No. W 115734		Due no later than Jul 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. LEIDOS HEALTH, LLC 705 E. MAIN STREET WESTFIELD IN 46074		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA	
				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
MANAGER	MICHAEL P PASQUA	301 LABORATORY ROAD P.O. BOX 2501	OAK RIDGE	TN	USA 37831
5. Organized Under the Laws of: DE W 115734		6. Annual Report must be signed.* Signature: Mandeline Hendricks Name (type or print): Mandeline Hendricks Date: 06/06/2014 Title: Poa			
Processed 06/06/2014		* Electronically provided signatures are accepted as original signatures.			