No. W 124685	Due no later than Apr 30, 2015	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	MIKE FLOWERS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ALL CARE HEALTH SOLUTIONS - PCS DIVISION LLC MIKE FLOWERS 815 S BRIDGEWAY STE 122	4205 W EMERALD BOISE ID 83706 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	EAGLE ID 83616	J. <u>New</u> Registi	ereu Agent 31	gnature.	
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 MIKE FLOWERS 4205 W EMERALD		BOISE	ID	USA	83706
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID Signature: mike flowers		Date: 05/21/2015			
W 124685	Name (type or print): mike flowers	Title: owner			
Processed 05/21/2015	* Electronically provided signatures are accepted as original signatures.				