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| No. W 156148 | | Due no later than Sep 30, 2016 | | 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. HEALTHCARE FINANCIAL SOLUTIONS, LLC TWO BETHESDA METRO CENTER STE 600 BETHESDA MD 20814 | | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 | | | |
| | | | | 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 | H. DARREN ALCUS | 2 BETHESDA METRO CENTER SUITE 600 | BETHESDA | MD | USA | 20814 | |
| MANAGER | MICHAEL C SLOCUM | 2 BETHESDA METRO CENTER SUITE 600 | BETHESDA | MD | USA | 20814 | |
| 5. Organized Under the Laws of: DE W 156148 | | 6. Annual Report must be signed.* Signature: Kelly A. Ledman Name (type or print): Kelly A. Ledman Date: 11/09/2016 Title: SECRETARY | | | | | |
| Processed 11/09/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |