

No. W 170418		Due no later than Aug 31, 2017 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		1. Mailing Address: Correct in this box if needed. BRIOTHEALTHCARE MANAGEMENT LLC 11762 SOUTH STATE ST STE 350 DRAPER UT 84020		BRANDON TAYLOR 275 HARVARD AVE REXBURG ID 83440			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name BRANDON GUY TAYLOR	Street or PO Address 275 HARVARD AVE		City REXBURG	State ID	Country USA	Postal Code 83440
5. Organized Under the Laws of: ID W 170418		6. Annual Report must be signed.* Signature: Tera Shoop Name (type or print): Tera Shoop Date: 06/20/2017 Title: Controller					
Processed 06/20/2017 * Electronically provided signatures are accepted as original signatures.							