

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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. BRIO HEALTHCARE MANAGEMENT LLC 11762 SOUTH STATE ST STE 350 DRAPER UT 84020		BRANDON TAYLOR 275 HARVARD AVE REXBURG ID 83440			
				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	BRANDON GUY TAYLOR	275 HARVARD AVE	REXBURG	ID	USA	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.					