

No. <b>W 118945</b>		<b>Due no later than Nov 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  GAPP--BHS, MHS, LLC AMY R BURKHOLDER 20 BURKS LN BOISE ID 83716		AMY R BURKHOLDER 20 BURKS LN BOISE ID 83716			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
MEMBER	AMY R BURKHOLDER	20 BURKS LANE	BOISE	ID	USA	83716-3344	
5. Organized Under the Laws of:  <b>ID</b> <b>W 118945</b>		6. Annual Report must be signed.*  Signature: Amy R. Burkholder Name (type or print): Amy R. Burkholder					
		Date: 10/13/2015 Title: Registered Agent					
Processed 10/13/2015      * Electronically provided signatures are accepted as original signatures.							