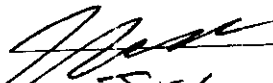


| <b>No. W 27418</b>  | <b>Due no later than December 31, 2005</b><br><b>Annual Report Form</b>   |                               | 2. Registered Agent and Office <b>NO PO BOX</b>  |                    |             |                               |             |              |            |         |              |              |                 |  |       |
|---|---|-------------------------------|--|--------------------|-------------|-------------------------------|-------------|--------------|------------|---------|--------------|--------------|-----------------|--|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  | 1. Mailing Address - Correct in this box, if applicable<br>HEALTH SOLUTIONS LLC<br>2600 A E SELTICE WAY 170<br>POST FALLS, ID 83854   |                               | JOSHUA ANDREWS<br>2600 A E SELTICE WAY 170<br>POST FALLS, ID 83854<br><br>3. <u>New</u> Registered Agent Signature |                    |             |                               |             |              |            |         |              |              |                 |  |       |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers.<br><table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Josh Andrews</td> <td>4990 Frazier</td> <td>Post Falls, Id.</td> <td></td> <td>83854</td> </tr> </tbody> </table> |   |                               |  | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | manager | Josh Andrews | 4990 Frazier | Post Falls, Id. |  | 83854 |
| <u>Office held</u>  | <u>Name</u>   | <u>Street or P.O. Address</u> | <u>City</u>  | <u>State</u>       | <u>Zip</u>  |                               |             |              |            |         |              |              |                 |  |       |
| manager   | Josh Andrews  | 4990 Frazier                  | Post Falls, Id.  |                    | 83854       |                               |             |              |            |         |              |              |                 |  |       |
| 5. Organized Under the Laws of:<br>IDAHO<br>W 27418   | 6. Signature  Date <u>10/14/15</u><br>Name <small>(Typed or Printed)</small> <u>Joshua Andrews</u> Title <u>manager</u> |                               |  |                    |             |                               |             |              |            |         |              |              |                 |  |       |

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