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| No. W 157388 | Due no later than Oct 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. ASSUMPTION HEALTH LLC ARACELI GRATZINGER 12585 W EXPLORER DR STE 100 BOISE ID 83713 | | ARACELI GRATZINGER 967 W HEMPSTEAD DR EAGLE ID 83616-8361 | | | |
| | | | 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 | A GRATZINGER | 967 W. HEMPSTEAD DRIVE | EAGLE | ID | USA | 83616 |
| 5. Organized Under the Laws of: ID W 157388 | | 6. Annual Report must be signed.* Signature: Araceli Gratzinger Name (type or print): Araceli Gratzinger | | Date: 10/25/2017 Title: Owner | | |
| Processed 10/25/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | |