

No. W 39532		Due no later than May 31, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO INTEGRATED HEALTHCARE NETWORK, LLC CHRISTINE NEUHOFF 190 E BANNOCK BOISE ID 83712		CHRISTINE NEUHOFF 815 E PARK BLVD 3RD FL BOISE ID 83712	
				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	SELECT MEDICAL NETWORK OF ID	190 E BANNOCK ST	BOISE	ID	83712
5. Organized Under the Laws of: ID W 39532		6. Annual Report must be signed.* Signature: Carol Wilmes Name (type or print): Carol Wilmes Date: 06/26/2017 Title: Exec. Assistant			
Processed 06/26/2017		* Electronically provided signatures are accepted as original signatures.			