No. W 101111	Due no later than Mar 31, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		ROBERT LAWRENCE PETERSEN				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. SANIDO HEALTH LLC ROBERT LAWRENCE PETERSEN 12613 N SCHICKS RIDGE RD BOISE ID 83714-2741		12613 N SCHICKS RIDGE RD BOISE ID 83714-2741				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
			3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
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 ROBERT LA	WRENCE PETERSEN	12613 N SCHICKS RIDGE RD	BOISE	ID	USA	83714-2741	
6. Annual Report must be signed.*							
ID	Signature: Robert Petersen		Date: 03/02/2018				
W 101111	Name (type or print): Robert Petersen		Title: Manager				
Processed 03/02/2018	* Electronically provided signatures are accepted as original signatures.						