







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney ANNUAL REPORT

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-FILED-

File #: 0004782501

Date Filed: 6/13/2022 3:17:28 PM

| Entity Name and Mailing Address: | _ | |
|--|------------|--|
| Entity Name: | | le Healthcare Solutions, LLC |
| Foreign Name (name in home jurisdiction): | | lle Healthcare Solutions, LLC |
| The file number of this entity on the records of the lesseretary of State is: | daho 00 | 03536182 |
| Address | 16 ST | Ann Crane 24 GREENBRIAR PL 'E 200 (LAHOMA CITY, OK 73159-7609 |
| Entity Details: | | |
| Entity Status | Ac | tive-Existing |
| This entity is organized under the laws of: | | ORIDA |
| If applicable, the old file number of this entity on the the Idaho Secretary of State was: | records of | |
| The registered agent on record is: | | |
| Registered Agent | | CORP SERVICES, INC. |
| | | mmercial Registered Agent |
| | , | ysical Address |
| | | 10 S VISTA AVE E 28 |
| | | DISE, ID 83705 |
| | Ma | iling Address |
| | | 10 S VISTA AVE |
| | | 'E 28 DISE, ID 83705 |
| | | JISE, ID 63703 |
| Agent or Address Change | | |
| Select if you are appointing a new agent. | | |
| Limited Liability Company Managers and Members | | |
| Name | Title | Business Address |
| Gale Healthcare Solutions, LLC | Manager | 11274 W. HILLSBOROUGH AVE Apo (Us) |
| The annual report must be signed by an authorized signer of the e Job Title: Manager | ntity. | |
| _ | | |
| Tony Braswell | | 06/13/2022 |
| Sign Here | | Date |