



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 04/30/2019

Return completed form within 30 days to:

hj

UT

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

| SUS CONTROL N | umber: 127369 | Filing Status: Active-Existing | | | |
|---|--|---|---|---|------|
| Limited Liability Company (D) | | Date Formed: 04/04/2005 | Formation Locale: ID | | |
| Name and Mai | ling Address: | (1) | Add or Change Mailir | ng Address: | |
| PRO-HEALTH | LLC | | 2551 Ela | dorado PKWy St | re |
| 2100 LUNA RD SUITE 140 | | | 0.000 | | |
| CARROLLTON | , TX 75006 | | MCKINE | dorado PKWy St ney, TX 75070 | |
| | ent (RA) and Registere | d Office (RO) Address: (2) | Change RA and/or R | O Address: | |
| WINSTON V BI | | | | | |
| 2105 CORONA | | | | | |
| IDAHO FALLS, | ID 83404 | | | | |
| | | | | | |
| 3) New Regist | ered Agent (RA) Signat | | | | |
| 4) Limited Liabili | ty Companies: Enter name | | bers. Do NOT put ' | | abov |
| 4) Limited Liabili These will not be Manager/Member | ty Companies: Enter name | If a new agent is appointed in item (2 es and addresses of Managers OR Mem | bers. Do NOT put ' | 'same as last year' or 'same as a | abov |
| 4) Limited Liabili These will not be Manager/Member Mgr Mem | ty Companies: Enter name accepted. Changes here v | es and addresses of Managers OR Mem vill not affect the entity mailing address. Business Address | bers. Do NOT put ' If more space is ne | same as last year' or 'same as a eeded, please add an attachmen | abov |
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