No. <b>W 106116</b>		Due no later than Aug 31, 2016	2. Registered	Registered Agent and Address (NO PO BOX)     SCOTT LANEY			
Return to:		Annual Report Form	CONTRACTOR OF TOWN OF TOWN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  APHELION MEDICAL SOLUTIONS, LLC SCOTT LANEY 2206 N HARRISON BLVD BOISE ID 83702	2206 N HARRISON BLVD BOISE ID 83702  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	nies: Enter Na	ames and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER SCOTT LAN		NEY 2206 N HARRISON BLVD	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Scott Laney	Date: 07/10/2016				
W 106116		Name (type or print): Scott Laney	Title	Title: member/owner			
Processed 07/10/2016 * Electronically provided signatures are accepted as original signatures.							