No. W 184958		Due no later than Jun 30, 2018		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. AZURE HEALTHCARE SOLUTIONS LLC BLANCA NASKER 1599 N ALCATRAZ AVE KUNA ID 83634		1599 N ALC KUNA ID	BLANCA NASKER 1599 N ALCATRAZ AVE KUNA ID 83634-8363 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresse	s of at least one Member or Manager.					
Office Held	Name	mes and made esse	Street or PO Address	City	State	Country	Postal Code	
MANAGER	NAGER BLANCA E NASKER		1599 ALCATRAZ AVE	KUNA	ID	USA	83634	
5. Organized Under the Laws of: ID W 184958		6. Annual Report must be signed.* Signature: Blanca Nasker Name (type or print): Blanca Nasker			Date: 07/01/2018 Title: Agent			
Processed 07/01/2018 * Electronically provided signatures are accepted as original signatures.								