No. <b>W 157387</b>	Due no later than Oct 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		BENJAMIN				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			2401 W KOOTENAI ST BOISE ID 83705			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HEALTH SOLUTIONS OF AMERICA, LLC BENJAMIN WHITE 2401 W KOOTENAI ST BOISE ID 83705		BOISE ID				
			3. <u>New</u> Regist	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 BENJAMIN STERLING WHITE 2401 W. KO		2401 W. KOOTENAI ST.	BOISE	ID	USA	83705	
5. Organized Under the Laws of:	6. Annual Report must						
ID	Signature: Benjamii		Date: 09/12/2016				
W 157387	Name (type or print): Benjamin White			Title: Owner			
Processed 09/12/2016	* Electronically provided signatures are accepted as original signatures.						