

No. W 118062		Due no later than Oct 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FOUNDERS HEALTHCARE, L.L.C. 871 GRIER DR SUITE C SUITE C NV 89119		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
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	
MEMBER	MAVERICK HEALTHCARE GROUP, L.L.C.	871 GRIER DR SUITE C	LAS VEGAS	NV	USA	89119	
5. Organized Under the Laws of: AZ W 118062		6. Annual Report must be signed.* Signature: Robert Fahlman Name (type or print): Robert Fahlman Date: 10/11/2017 Title: Chief Executive Officer					
Processed 10/11/2017 * Electronically provided signatures are accepted as original signatures.							