| No. <b>W 73951</b>   | Due no later than May 31, 2013   | 2. Registered Agent and Address (NO PO BOX)       |
|--|--|---|
| Return to:   | Annual Report Form   | C KAY FREEMAN                                     |
| SECRETARY OF STATE   | 1. Mailing Address: Correct in this box if need                          | eeded. 1837 N GREENFIELD AVE<br>MERIDIAN ID 83646 |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                     | HEALTH SYSTEMS STRATEGIES, LLC<br>C KAY FREEMAN<br>1827 N GREENFIELD AVE | MENDIAN ID 65040                                  |
|  | MERIDIAN ID 83642  | 3. <u>New</u> Registered Agent Signature:*        |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |  |   |
| 4. Limited Liability Companies: Enter N  | ames and Addresses of at least one Member or Manager                     | ger.  |
| Office Held Name   | Street or PO Address   | City State Country Postal Code                    |
| MEMBER C KAY FR  | EEMAN 1827 N GREENFIELD AVE  | MERIDIAN ID USA 83646                             |
| 5. Organized Under the Laws of:  | 6. Annual Report must be signed.*  |   |
| ID   | Signature: C Kay Freeman   | Date: 03/25/2013                                  |
| W 73951  | Name (type or print): C Kay Freeman                                      | Title: Member                                     |
| Processed 03/25/2013 * Electronically provided signatures are accepted as original signatures. |  |   |