

No. <b>W 121467</b>		<b>Due no later than Jan 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  NHS COMMUNITY SERVICES, LLC GREENER BURKE SHOEMAKER OBERRECHT PA 950 W BANNOCK STREET SUITE 950 BOISE ID 83702		FREDRIC V SHOEMAKER 950 W BANNOCK STREET SUITE 950 BOISE ID 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
MANAGER	JENNIFER YOST	3380 W AMERICANA TERRACE SUITE 120	BOISE	ID	USA	83706	
5. Organized Under the Laws of:  <b>ID</b> <b>W 121467</b>		6. Annual Report must be signed.*  Signature: Fredric V. Shoemaker Name (type or print): Fredric V. Shoemaker					
Processed 11/23/2016		* Electronically provided signatures are accepted as original signatures.  Date: 11/23/2016 Title: Registered Agent					