

No. <b>W 63858</b>	<b>Due no later than Jun 30, 2011</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> HEALTHCARE SOLUTIONS, LLC SUSAN A. GIDDING 2053 HORSESHOE DR EMMETT ID 83617 USA		SUSAN GIDDING 2053 HORSESHOE DR EMMETT ID 83617			
			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	SUSAN A. GIDDING	2053 HORSESHOE DR	EMMETT	ID	USA	83617
5. Organized Under the Laws of:  <b>ID</b> <b>W 63858</b>	6. Annual Report must be signed.* Signature: Susan A. Gidding Name (type or print): Susan A. Gidding		Date: 05/06/2011 Title: Ceo			
Processed 05/06/2011		* Electronically provided signatures are accepted as original signatures.				