

No. W 78071		Due no later than Oct 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTH SOLUTIONS OF IDAHO LLC JOEL D GUNSTREAM 4401 N. EAGLE RD. SUITE 103 BOISE ID 83713		JOEL GUNSTREAM 4401 N. EAGLE RD. SUITE 103 BOISE ID 83713			
				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	BENJAMIN S WHITE	2401 W. KOOTENAI ST	BOISE	ID	USA	83705	
MANAGER	JOEL D GUNSTREAM	1119 E. WRIGHTWOOD DR.	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 78071		Signature: Joel D Gunstream Name (type or print): Joel D Gunstream			Date: 09/01/2016 Title: Owner		
Processed 09/01/2016		* Electronically provided signatures are accepted as original signatures.					