No. W 78071		Due no later than Oct 31, 2012		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JOEL GUNS	JOEL GUNSTREAM 2070 W LEMP ST BOISE ID 83702			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		HEALTH SOLUTIONS OF IDAHO LLC JOEL D GUNSTREAM 2070 W LEMP ST BOISE ID 83702 USA		BOISE ID	BOISE 1D 63702			
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nar	nes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	BENJAMIN S		2070 W. LEMP ST.	BOISE	ID	USA	83702	
MANAGER JOEL D GUNS		ISTREAM	2070 W. LEMP ST.	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Joel Gunstream			Date: 08/14/2012			
W 78071		Name (type or		Title: Manager				
Processed 08/14/2012 * Electronically provided signatures are accepted as original signatures.								