No. W 146466		Due no later than Jan 31, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DAVID BAILEY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TRUVISION HEALTH, LLC TRUVISIN HEALTH LLC 12162 S. BUSINESS PARK DR.		GRAND OF ROMERT AS ALTERNATIVE AND DRIVE	2275 BALTIC AVE IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE		STE 114 DRAPER UT 84020 USA		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
200	ies: Enter Nar	nes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	DEREK L BAILEY SHAWN C GIBSON DAVID BROWN		1662 E 6600 S UNIT 5 699 N 165 W 1809 W 7600 S UNIT E303	Murray Centerville West Jordan	ர ர ர	USA USA USA	84121 84014 84084	
5. Organized Under the Laws of:		6. Annual Repor						
υτ		Signature: Chad John		D	Date: 02/21/2018			
W 146466		Name (type or print): Chad John		Т	Title: Controler			
Processed 02/21/2018		* Electronically provided signatures are accepted as original signatures.						