No. W 103990		Due no later than Jun 30, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		ANNALEE PHILLIPS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PHILLIPS HEALTH INTERNATIONAL LLC ANNALEE PHILLIPS 617 N 1200 W BLACKFOOT ID 83221			617 N 1200 W BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	MEMBER ANNALEE PHILI		617 N 1200 W		BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Annalee Phillips			Date: 06/12/2017			
W 103990		Name (type or print): Annalee Phillips			Title: owner			
Processed 06/12/2017 * Electronically provided signatures are accepted as original signatures.								