

No. W 78071	Due no later than Oct 31, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		JOEL GUNSTREAM 4401 N. EAGLE RD. SUITE 103 BOISE ID 83713			
	HEALTH SOLUTIONS OF IDAHO LLC JOEL D 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: ID W 78071	6. Annual Report must be signed.* Signature: Joel Gunstream Name (type or print): Joel Gunstream		Date: 09/11/2017 Title: Owner			
Processed 09/11/2017		* Electronically provided signatures are accepted as original signatures.				