

No. W 34632		Due no later than Nov 30, 2017		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		RANDY VAWDREY 2508 ONEIDA POCATELLO POCATELLO ID 83201	
		1. Mailing Address: Correct in this box if needed. ADVANCED HEALTHCARE SOLUTIONS, LLC CRAE BERRETT 2891 POCATELLO ID 83201 USA		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	RANDY VAWDREY	2508 ONEIDA	POCATELLO	ID	83201
5. Organized Under the Laws of: ID W 34632		6. Annual Report must be signed.* Signature: Randy Vawdrey Name (type or print): Randy Vawdrey Date: 01/16/2018 Title: Manager			
Processed 01/16/2018		* Electronically provided signatures are accepted as original signatures.			