| No. **W 168679** | **Due no later than Jun 30, 2018**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>KNIGHTON HEALTH SERVICES LLC<br>VIRGIL LARSON<br>890 DELL RD<br>CHUBBUCK ID 83202 | VIRGIL LARSON<br>890 DELL RD<br>CHUBBUCK ID 83202<br><br>3. New 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 |
|---|---|---|---|---|---|---|
| MEMBER | JASON KNIGHTON | 890 DELL RD | CHUBBUCK | ID | USA | 83202 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 168679** | Signature: Virgil Larson | Date: 08/06/2018 |
| | Name (type or print): Virgil Larson | Title: Agent |

Processed 08/06/2018

* Electronically provided signatures are accepted as original signatures.