No. W 172208		Due no later than Sep 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SHARP MEDICAL SOLUTIONS LLC 2611 SOUTH 159TH PLAZA OMAHA NE 68130					
				NO FILING FEE IF RECEIVED BY DUE DATE			
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	REBECCA JONES		SHARP MEDICAL SOLUTIONSLLC 2611 SOUTH 159TH PLAZA	OMAHA	NE	USA	68130
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
NE		Signature: Kelly Lettr	Date: 08/10/2017				
W 172208		Name (type or print)	Title: POA				
Processed 08/10/2017		* Electronically provided	signatures are accepted as original signa	atures.			