No. W 100014		Due no later than Jan 31, 2018	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	to accompany to the contract	CORPORATION SERVICE COMPANY			
SECRETARY OF STATE	1. Mailing	Address: Correct in this box if needed.	12550 W EXPLORER DR STE 100 BOISE ID 83713				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ATTN LEGA	INNOVATIVE HEALTHCARE JOINT VENTURE, LLC ATTN LEGAL DEPT / KELLY GREANEY 265 BROOKVIEW CTR WAY STE 400		BOISE ID 63713			
	KNOXVILLE	KNOXVILLE TN 37919 3. New Registered Agent Signature:*		ignature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER GEORGE	ANAGER GEORGE TRACY		ST. LOUIS	МО	USA	63141	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ні	Signature:	Signature: George Tracy		Date: 01/19/2018			
W 100014	Name (type	Name (type or print): George Tracy Title: Manager					
Processed 01/19/2018	* Electronically	* Electronically provided signatures are accepted as original signatures.					