

No. W 75691		Due no later than Jun 30, 2018		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		JENNIFER LAME 5264 N. SKY HIGH LN EAGLE ID 83616-5611			
		1. Mailing Address: Correct in this box if needed.					
		HEALTHCARE INNOVATIONS LLC JENNIFER LAME 5264 N. SKY HIGH LN EAGLE ID 83616		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	
MEMBER	JENNIFER LAME	5264 N. SKY HIGH LN	EAGLE	ID	USA	83616	
MEMBER	JACOB LAME	5264 N. SKY HIGH LN	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 75691		Signature: Jennifer Lame			Date: 04/21/2018		
		Name (type or print): Jennifer Lame			Title: Owner		
Processed 04/21/2018		* Electronically provided signatures are accepted as original signatures.					