No. <b>W 155742</b>	Due no later than Sep 30, 2017 Annual Report Form		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:			ADVANCED H	ADVANCED HEALTH CARE CORPORATION			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  PROPERTY PARTNERS 22, LLC  ADVANCED HEALTH CARE CORPORATION  215 N WHITLEY DRIVE STE 3  FRUITLAND ID 83619			215 N WHITLEY DRIVE STE 3			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			FRUITLAND ID 83619				
			3. New Registered Agent Signature:*				
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	
MEMBER DAVID W N	IATTRESS	215 N WHITLEY DRIVE STE 3	FRUITLAND	ID	USA	83619	
. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	Signature: La	Date: 07/24/2017					
W 155742	Name (type or print): Larry Martin Wright		Title: Staff Accountant				
Processed 07/24/2017	* Electronically provided signatures are accepted as original signatures.						