

No. W 152443		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 1. Mailing Address: Correct in this box if needed. HEALTH SERVICES CENTRAL COAST, LLC 1059 E IRON EAGLE DR STE 175 EAGLE ID 83616		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
				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	
MANAGER	GREGG OLSEN	1059 E IRON EAGLE DR SUITE 175	EAGLE	ID	USA	83616	
MANAGER	CAROLYN OLSEN	1059 E IRON EAGLE DR SUITE 175	EAGLE	ID	USA	83616	
MANAGER	MIKE OLSEN	1059 E IRON EAGLE DR SUITE 175	EAGLE	ID	USA	83616	
MANAGER	DEBORAH OLSEN	1059 E IRON EAGLE DR SUITE 175	EAGLE	ID	USA	83616	
MANAGER	STEVE OLSEN	1059 E IRON EAGLE DR SUITE 175	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 152443		Signature: DEBORAH OLSEN				Date: 06/18/2018	
		Name (type or print): DEBORAH OLSEN				Title: MANAGER	
Processed 06/18/2018		* Electronically provided signatures are accepted as original signatures.					