No. W 95481	Due no later than Aug 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	VHA WEST COAST INSURANCE AND FINANCIAL SERVICES, LLC DENICE LINTON 290 E. JOHN CARPENTER FREEWAY IRVING TX 75062 DUE DATE		921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Na	mes and Addresses of a	t least one Member or Manager.				
Office Held Name		Street or PO Address	City	State	Country	Postal Code
MEMBER VIZIENT INSURANCE SVCS., LLC 290 E. JOHN CARPENTER FREEWAY			IRVING	TX	USA	75062
5. Organized Under the Laws of:	6. Annual Report must					
DE	Signature: David Berry		Date: 06/20/2018			
W 95481	Name (type or print): David Berry		Title: Secretary			
Processed 06/20/2018	* Electronically provided signatures are accepted as original signatures.					