No. W 189844		Due no later than Sep 30, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			SUSAN LYN CLINE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CLINE HEALTHCARE CONSULTING, LLC SUSAN LYN CLINE 13 SHORE CREST COURT DONNELLY ID 83615		DONNELLY II	13 SHORE CREST COURT DONNELLY ID 83615-8361 3. New Registered Agent Signature:*			
NO FILING R RECEIVED BY DU	JE DATE	mos and Address	ses of at least one Member or Manager.					
Office Held	Name	nes and Addres	Street or PO Address	City	State	Country	Postal Code	
MANAGER	SUSAN LYN	CLINE	13 SHORE CREST COURT	DONNELLY	ID	USA	83615	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 189844		Signature: Susan Cline			Date: 09/26/2018			
		Name (type	or print): Susan Cline		Title: Manager			
Processed 09/26/2018		* Electronically	provided signatures are accepted as original	l signatures.			_	