No. <b>W 144647</b>		Due no later than Nov 30, 2016		2	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  GLOBAL HEALTH FACILITIES OF IDAHO, LLC 1395 NW MAIN BLACKFOOT ID 83221			CRAIG STALLINGS 1433 NORTH 630 EAST SHELLEY ID 83274  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nat		mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	GORDON D.	ARAVE	52 WEST 215 NORTH		BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:  ID  W 144647		6. Annual Report must be signed.* Signature: Gordon Arave Name (type or print): Gordon Arave			Date: 09/27/2016 Title: Manager			
Processed 09/27/2016 * Electronically provided signatures are accepted as original signatures.								