No. W 149260  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Mar 31, 2018 Annual Report Form	2. Registered Agent and Address (NO PO BOX)  JOE HAZEL			
		1. Mailing Address: Correct in this box if needed.  ALLEGIANT HEALTH LLC  JOE HAZEL  210 12TH AVE RD	2787 W TIMBER DR EAGLE ID 83616  3. New Registered Agent Signature:*			
		NAMPA ID 83686 USA				
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER MEMBER	JOE J HAZEL LACY HAZEL		EAGLE EAGLE	ID ID	USA USA	83616 83616
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Lacy Hazel	Date: 01/26/2018			
W 149260		Name (type or print): Lacy Hazel	Title: member			
Processed 01/26/2018	* Electronically provided signatures are accepted as original signatures.					