

No. W 173450	Due no later than Oct 31, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. HEALTHCARE COLLECTIONS-I, L.L.C. 2224 W NORTHERN AVE. SUITE D 100 PHOENIX AZ 85021-4928		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705				
			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	
MEMBER	PAUL PEACH	2224 W NORTHERN AVE. SUITE D 100	PHOENIX	AZ	USA	85021-4928	
MEMBER	CHRISTIAN LEHR	2224 W NORTHERN AVE. SUITE D 100	PHOENIX	AZ	USA	85021-4928	
5. Organized Under the Laws of: AZ W 173450		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann			Date: 09/05/2017 Title: POA		
Processed 09/05/2017		* Electronically provided signatures are accepted as original signatures.					