No. **W 149260**	**Due no later than Mar 31, 2016** **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.** ALLEGIANT HEALTH LLC JOE HAZEL 4389 W AGAVE ST EAGLE ID 83616	JOE HAZEL 4389 W AGAVE ST EAGLE ID 83616 3. New 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	JOE J HAZEL	4389 W AGAVE ST	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 149260**	Signature: Joe Hazel Name (type or print): Joe Hazel	Date: 01/24/2016 Title: member

Processed 01/24/2016

* Electronically provided signatures are accepted as original signatures.