

|  |               |   |        |  |                     |
|--|---------------|---|--------|--|---------------------|
| No. <b>W 89125</b>   |               | <b>Due no later than Dec 31, 2016</b>   |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>NAVITUS HEALTH SOLUTIONS, LLC<br>DONNA S BENTLEY<br>2601 W BELTLINE HWY STE 600<br>MADISON WI 53713 |        | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>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 |
| MANAGER  | PETER J BESTE | 3808 SWOBODA RD   | VERONA | WI   | USA 53593           |
| 5. Organized Under the Laws of:<br><br><b>WI<br/>W 89125</b>   |               | 6. Annual Report must be signed.*<br>Signature: Paul Page<br>Name (type or print): Paul Page<br>Date: 12/12/2016<br>Title: General Counsel  |        |  |                     |
| Processed 12/12/2016   |               | * Electronically provided signatures are accepted as original signatures.   |        |  |                     |