

No. W 133781	Due no later than Jan 31, 2018 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. HCFS HEALTH CARE FINANCIAL SERVICES, LLC LEGAL DEPT. ATTN: KELLY GREANEY 265 BROOKVIEW CENTRE WAY #400 KNOXVILLE TN 37919		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
			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	JOSEPH B. CARMAN	265 BROOKVIEW CENTRE WAY SUITE 400	KNOXVILLE	TN	USA	37919
5. Organized Under the Laws of: FL W 133781		6. Annual Report must be signed.* Signature: Joseph B. Carman Name (type or print): Joseph B. Carman Date: 01/19/2018 Title: Manager				
Processed 01/19/2018		* Electronically provided signatures are accepted as original signatures.				