

No. W 101111		Due no later than Mar 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		1. Mailing Address: Correct in this box if needed. SANIDO HEALTH LLC ROBERT LAWRENCE PETERSEN 12613 N SCHICKS RIDGE RD BOISE ID 83714-2741 USA		ROBERT LAWRENCE PETERSEN 12613 N SCHICKS RIDGE RD BOISE ID 83714-2741			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ROBERT LAWRENCE PETERSEN	Street or PO Address 12613 N SCHICKS RIDGE RD		City BOISE	State ID	Country USA	Postal Code 83714-2741
5. Organized Under the Laws of: ID W 101111		6. Annual Report must be signed.* Signature: Robert Petersen Name (type or print): Robert Petersen Date: 04/13/2017 Title: Manager					
Processed 04/13/2017 * Electronically provided signatures are accepted as original signatures.							