

No. <b>W 152444</b>		<b>Due no later than Jun 30, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  HEALTH SERVICES SACRAMENTO, LLC 1059 E IRON EAGLE DR STE 175 EAGLE ID 83616		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	GREGG OLSEN	1059 E IRON EAGE DR	SUITE 175	EAGLE	ID	USA	83616
MEMBER	DEBORAH OLSEN	1059 E IRON EAGE DR	SUITE 175	EAGLE	ID	USA	83616
MEMBER	BRET OGATA	1059 E IRON EAGE DR	SUITE 175	EAGLE	ID	USA	83616
MEMBER	JARED MACE	1059 E IRON EAGE DR	SUITE 175	EAGLE	ID	USA	83616
MEMBER	STEVE OLSEN	1059 E IRON EAGE DR	SUITE 175	EAGLE	ID	USA	83616
5. Organized Under the Laws of:  <b>ID</b> <b>W 152444</b>		6. Annual Report must be signed.*  Signature: DEBORAH OLSEN Name (type or print): DEBORAH OLSEN					
		Date: 06/18/2018 Title: MEMBER					
Processed 06/18/2018		* Electronically provided signatures are accepted as original signatures.					