No. **W 81240**	**Due no later than Feb 29, 2016**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** AUREUS HEALTHCARE ONE LLC MIKE SVEUM 13609 CALIFORNIA ST SUITE 500 OMAHA NE 68154-5260	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 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
MANAGER	TERESA LAUVER	13609 CALIFORNIA STREET	OMAHA	NE	USA	68154-5233

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
DE **W 81240**	Signature: MIKE SVEUM Name (type or print): MIKE SVEUM	Date: 02/11/2016 Title: CFO

Processed 02/11/2016

* Electronically provided signatures are accepted as original signatures.