

No. W 143059	Due no later than Oct 31, 2016 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. HEALTHCARE SYSTEMS & TECHNOLOGIES, LLC TOMMY P HUI 3675 MT DIABLO BLVD STE 100B LAFAYETTE CA 94549			REGISTERED AGENT SOLUTIONS INC 921 S ORCHARD ST STE G BOISE ID 83705			
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 TOMMY P HUI	Street or PO Address 3675 MT DIABLO BLVD STE 100B		City LAFAYETTE	State CA	Country USA	Postal Code 94549
5. Organized Under the Laws of: DE W 143059	6. Annual Report must be signed.* Signature: TJ ALLEN Name (type or print): TJ ALLEN						Date: 09/13/2016 Title: AUTHORIZED FILER
Processed 09/13/2016	* Electronically provided signatures are accepted as original signatures.						