No. <b>W 80997</b>		Due no later than Jan 31, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  POCATELLO HEALTH SERVICES, LLC ONE BURTON HILLS BOULEVARD SUITE 250		12550 W EXF BOISE ID 8	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE		NASHVILLE TN 37240  mes and Addresses of at least one Member or Manager.		3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	nes and Addresses o	Street or PO Address	City	State	Country	Postal Code	
MEMBER	STEPHEN C.	PETROVICH	ONE BURTON HILLS BOULEVARD 250	SUITE NASHVILLE	TN	USA	37240	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE W 80997		Signature: STEPH		Date: 12/29/2017				
		Name (type or pr		Title: MEMBER				
Processed 12/29/201	17	* Electronically provi	ded signatures are accepted as origina	l signatures.				