No. W 174255			Due no later than Nov 30, 2017	2. Regis	2. Registered Agent and Address (NO PO BOX)				
Return to:			Annual Report Form		BRENT SCHOW				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		BCS HEA BRENT S 300 N 10	1. Mailing Address: Correct in this box if needed. BCS HEALTH CARE LLC BRENT SCHOW 300 N 100 W MALAD CITY ID 83252		300 N 100 W MALAD CITY ID 83252 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Comp	anies: Ent	er Names and Add	lresses of at least one Member or Manager.						
Office Held	Name		Street or PO Address	City	State	e Country	Postal Code		
MANAGER	BRENT	SCHOW	300 N 100 W	MALAI	O ID	USA	83252		
5. Organized Under the Laws of:		6. Annual R	6. Annual Report must be signed.*						
ID		Signatur	Signature: Brent Schow			Date: 10/02/2017			
W 174255		Name (ty	Name (type or print): Brent Schow Title: Owner						
Processed 10/02/2017 * Electronically provided signatures are accepted as original signatures.									