

No. W 124685		Due no later than Apr 30, 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. ALL CARE HEALTH SOLUTIONS - PCS DIVISION LLC MIKE FLOWERS 539 S FITNESS PLAZA 100 EAGLE ID 83616		MIKE FLOWERS 4205 W EMERALD BOISE ID 83706			
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 MIKE FLOWERS	Street or PO Address 4205 W EMERALD		City BOISE	State ID	Country USA	Postal Code 83706
5. Organized Under the Laws of: ID W 124685		6. Annual Report must be signed.* Signature: Mike Flowers Name (type or print): Mike Flowers Date: 04/08/2016 Title: Owner					
Processed 04/08/2016 * Electronically provided signatures are accepted as original signatures.							