

No. W 57857		Due no later than Jan 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. XEROX STATE HEALTHCARE, LLC KATHY BROWN BLDG 1 10TH FLOOR 2828 N HASKELL AVE DALLAS TX 75204		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
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	Name	Street or PO Address		City	State	Country	Postal Code
MEMBER MANAGER	J MICHAEL PEFFER BRIAN WALSH	2828 N. HASKELL AVE BLDG 1 FL 9 45 GLOVER AVE		DALLAS NORWALK	TX CT	USA USA	75204 06856
5. Organized Under the Laws of: DE W 57857		6. Annual Report must be signed.* Signature: J. MICHAEL PEFFER Name (type or print): J. MICHAEL PEFFER Date: 01/19/2016 Title: MANAGER					
Processed 01/19/2016		* Electronically provided signatures are accepted as original signatures.					