

No. W 34632	Due no later than Nov 30, 2010 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		RANDY VAWDREY 2508 ONEIDA POCATELLO POCATELLO ID 83201			
	ADVANCED HEALTHCARE SOLUTIONS, LLC RANDY VAWDREY 495 YELLOWSTONE POCATELLO ID 83201		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
MANAGER	RANDY VAWDREY	2508 ONEIDA	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 34632		6. Annual Report must be signed.* Signature: Randy Vawdrey Name (type or print): Randy Vawdrey		Date: 09/15/2010 Title: Manager		
Processed 09/15/2010		* Electronically provided signatures are accepted as original signatures.				