No. W 103990		Due no later than Jun 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PHILLIPS HEA ANNALEE PH	Annual Report Form 1. Mailing Address: Correct in this box if needed. PHILLIPS HEALTH INTERNATIONAL LLC ANNALEE PHILLIPS 617 N 1200 W BLACKFOOT ID 83221 3. New Registered Agent Signature		617 N 1200 W BLACKFOOT ID 83221			
NO FILING FEE IF RECEIVED BY DUE DATE				igriature.			
Office Held Name	ci Names and Addres.	Street or PO Address	City	State	Country	Postal Code	
MEMBER MATTI	HEW PHILLIPS EE PHILLIPS	617 N 1200 W 617 N 1200 W	BLACKFOOT BLACKFOOT	ID ID	USA USA	83221 83221	
ID Signatur		ort must be signed.* Innalee Phillips or print): Annalee Phillips	Date: 04/27/2016 Title: Owner				
Processed 04/27/2016	* Electronically	* Electronically provided signatures are accepted as original signatures.					