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|--|----------------------|---|-----------|--|---------|-------------|--|
| No. W 109112 | | Due no later than Dec 31, 2017 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. PARALLON HEALTH INFORMATION SOLUTIONS, LLC ATTN LEGAL DEPT ONE PARK PLAZA NASHVILLE TN 37203 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 | | | |
| | | | | 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 | JOHN M FRANCK II | ONE PARK PLAZA | NASHVILLE | TN | USA | 37203 | |
| MANAGER | CHRISTOPHER F WYATT | ONE PARK PLAZA | NASHVILLE | TN | USA | 37203 | |
| MANAGER | WILLIAM B RUTHERFORD | ONE PARK PLAZA | NASHVILLE | TN | USA | 37203 | |
| 5. Organized Under the Laws of: TN W 109112 | | 6. Annual Report must be signed.* Signature: John M. Franck II Name (type or print): John M. Franck II Date: 11/17/2017 Title: Manager | | | | | |
| Processed 11/17/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |