

No. W 106269		Due no later than Aug 31, 2012 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. HEALTHY CARE SOLUTIONS, LLC MICHELLE HAVENS PO BOX 3858 IDAHO FALLS ID 83403		MICHELLE HAVENS 9671 N 5TH E IDAHO FALLS ID 83401			
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 MEMBER	Name HOLLIS MURRI	Street or PO Address 6283 E. SHARPTAIL RD		City IDAHO FALLS	State ID	Country USA	Postal Code 83401
5. Organized Under the Laws of: ID W 106269		6. Annual Report must be signed.* Signature: Michelle Havens Name (type or print): Michelle Havens Date: 06/12/2012 Title: Owner					
Processed 06/12/2012 * Electronically provided signatures are accepted as original signatures.							