

No. W 171814	Due no later than Sep 30, 2017 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. INTUIZIO HEALTH, LLC MARK FLORY PO BOX 2817 BOISE ID 83701		DAVID ARKOOSH 802 W BANNOCK ST SUITE 900 BOISE ID 83702			
			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	MARK FLORY	PO BOX 2817	BOISE	ID	USA	83701
5. Organized Under the Laws of: ID W 171814	6. Annual Report must be signed.* Signature: DAVID ARKOOSH Name (type or print): DAVID ARKOOSH		Date: 09/29/2017 Title: ATTORNEY			
Processed 09/29/2017		* Electronically provided signatures are accepted as original signatures.				