

No. W 157388	Due no later than Oct 31, 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. ASSUMPTION HEALTH LLC ARACELI GRATZINGER 12585 W EXPLORER DR STE 100 BOISE ID 83713		ARACELI GRATZINGER 967 W HEMPSTEAD DR EAGLE ID 83616-8361			
			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	A GRATZINGER	967 W. HEMPSTEAD DRIVE	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 157388	6. Annual Report must be signed.* Signature: Araceli Gratzinger Name (type or print): Araceli Gratzinger		Date: 10/25/2017 Title: Owner			
Processed 10/25/2017		* Electronically provided signatures are accepted as original signatures.				