

No. W 96345		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		1. Mailing Address: Correct in this box if needed. MEDASSETS INSURANCE SOLUTIONS, LLC DENICE LINTON 290 E. JOHN CARPENTER FREEWAY IRVING TX 75062		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
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 MEDASSETS VENTURES, LLC	Street or PO Address 290 E. JOHN CARPENTER FREEWAY		City IRVING	State TX	Country USA	Postal Code 75062
5. Organized Under the Laws of: DE W 96345		6. Annual Report must be signed.* Signature: David Berry Name (type or print): David Berry Date: 07/25/2017 Title: Secretary					
Processed 07/25/2017 * Electronically provided signatures are accepted as original signatures.							