No. W 159995		Due no later than Dec 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DANIEL FRASURE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HEALTH CARE ANSWERS, LLC 1009 W QUINN RD POCATELLO ID 83202		1009 W QUINN RD POCATELLO ID 83202 3. New Registered Agent Signature:*			
NO FILING FI RECEIVED BY DO	JE DATE	mes and Addresses of at	least one Member or Manager.				
Office Held	Name	mes and Addresses of at	Street or PO Address	City	State	Country	Postal Code
MANAGER	PINNACLE HEALTH SERVICES, INC.		140 NORTH UNION AVE. SUITE F350	FARMINGTON	υT	USA	84025
5. Organized Under the Laws of:		6. Annual Report must					
ID W 159995		Signature: Danny Frasure		Date: 11/09/2016			
		Name (type or print): Danny Frasure		Title: Owner			
Processed 11/09/2016	_	* Electronically provided	signatures are accepted as original sign	atures.			_