

No. <b>W 164595</b>		<b>Due no later than Mar 31, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> SYNERGETIC HEALTHCARE SOLUTIONS IDAHO, LLC SHS IDAHO 1020 W MAIN ST STE 420 BOISE ID 83702		THOMAS WIGGS 1020 W MAIN ST STE 400 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	SHS WEST, LLC	1020 W. MAIN ST. STE 420	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 164595</b>		Signature: SHS West, LLC				Date: 02/27/2018	
		Name (type or print): SHS West, LLC				Title: Member	
Processed 02/27/2018		* Electronically provided signatures are accepted as original signatures.					