

No. W 55725	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.		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
	JOERNS LLC 19748 DEARBORN STREET CHATSWORTH CA 91311		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	JOERNS HEALTHCARE, LLC	2430 WHITEHALL PARK DRIVE SUITE 100	CHARLOTTE	NC	USA	28273
5. Organized Under the Laws of: CA W 55725		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann Date: 09/07/2017 Title: POA				
Processed 09/07/2017		* Electronically provided signatures are accepted as original signatures.				