No. **W 68360**	**Due no later than Nov 30, 2015** **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.** IDAHO HEALTH SOLUTIONS, LLC JEFFREY D PUTNAM 6150 ZACHARY DR IDAHO FALLS ID 83402	JEFFREY D PUTNAM 6150 ZACHARY DR IDAHO FALLS ID 83402 3. New 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	JEFFREY D PUTNAM	6150 ZACHARY DR	IDAHO FALLS	ID		83402

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 68360**	Signature: Jeffrey D Putnam	Date: 11/01/2015
	Name (type or print): Jeffrey D Putnam	Title: Member

Processed 11/01/2015

* Electronically provided signatures are accepted as original signatures.