| No. **C 206638** | **Due no later than Jul 31, 2018**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>SYNERGY HEALTHCARE, INC.<br>SHAUNA BURCHETT<br>12012 E MISSION AVE<br>SPOKANE VALLEY WA 99206 | KERRI LEWIS<br>9031 N TORRY LN<br>HAYDEN ID 83835<br><br>3. New Registered Agent Signature:* |

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| DIRECTOR | SHAUNA BURCHETT | 1009 S ALTAMOND BLVD | SPOKANE | WA | | 99202 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **WA**<br>**C 206638** | Signature: Shauna Burchett | Date: 05/22/2018 |
| | Name (type or print): Shauna Burchett | Title: President |

Processed 05/22/2018

* Electronically provided signatures are accepted as original signatures.