

No. W 68360	Due no later than Nov 30, 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. 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. <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	JEFFREY D PUTNAM	6150 ZACHARY DR	IDAHO FALLS	ID		83402
5. Organized Under the Laws of: ID W 68360		6. Annual Report must be signed.* Signature: Jeffrey D Putnam Name (type or print): Jeffrey D Putnam Date: 09/25/2017 Title: Member				
Processed 09/25/2017		* Electronically provided signatures are accepted as original signatures.				