

No. W 94713	Due no later than Jul 31, 2016 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. AVANTI HEALTH LLC SONJA L BURK 6144 N 4TH ST DALTON GARDENS ID 83815		SONJA BURK 850 W IRONWOOD DR STE 302 COEUR D ALENE ID 83814-9254			
			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
MANAGER	SONJA L BURK	6144 N 4TH ST	DALTON GARDENS	ID	USA	83815-9254
5. Organized Under the Laws of: ID W 94713	6. Annual Report must be signed.* Signature: Sonja L Burk Name (type or print): Sonja L Burk		Date: 07/12/2016 Title: Manager			
Processed 07/12/2016		* Electronically provided signatures are accepted as original signatures.				