No. W 81240		Due no later than Feb 28, 2017		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AUREUS HEALTHCARE ONE LLC REGISTRATIONS 13609 CALIFORNIA ST SUITE 500 OMAHA NE 68154-5260						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code
MANAGER TERESA LAU		JVER	13609 CALIFORNIA STREET	0	MAHA	NE	USA	68154-5233
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE		Signature: Fred Froehlich			Date: 01/26/2017			
W 81240		Name (type or print): Fred Froehlich			Title: CFO			
Processed 01/26/2017 * Electronically provided signatures are accepted as original signatures.								