

No. W 71970		Due no later than Mar 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. DST HEALTH SOLUTIONS, LLC VAL LAKE 333 WEST 11TH ST 5TH FL KANSAS CITY MO 64105		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705	
				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	GREGG WM GIVENS	333 WEST 11TH ST 5TH FL	KANSAS CITY	MO	64105
5. Organized Under the Laws of: DE W 71970		6. Annual Report must be signed.* Signature: Gregg Wm. Givens Name (type or print): Gregg Wm. Givens Date: 03/24/2016 Title: Manager			
Processed 03/24/2016		* Electronically provided signatures are accepted as original signatures.			