No. <b>W 75691</b>	Due no later than Jun 30, 2017	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form  1. Mailing Address: Correct in this box if need HEALTHCARE INNOVATIONS LLC JENNIFER LAME 5264 N. SKY HIGH LN	5264 N. SK EAGLE ID	JENNIFER LAME 5264 N. SKY HIGH LN EAGLE ID 83616-5611  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4 Limited Liability Companies: Ente	EAGLE ID 83616 r Names and Addresses of at least one Member or Manager		ered Agent 5	ignature.		
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER JENNIFE MEMBER JACOB	R LAME 5264 N. SKY HIGH LN LAME 5264 N. SKY HIGH LN	EAGLE EAGLE	ID ID	USA USA	83616 83616	
5. Organized Under the Laws of:  ID  W 75691	6. Annual Report must be signed.* Signature: Jennifer Lame Name (type or print): Jennifer Lame		Date: 04/26/2017 Title: Owner			
Processed 04/26/2017	* Electronically provided signatures are accepted as original signatures.					