No. **W 102018**	**Due no later than Apr 30, 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.** HEALTH ALERT, LLC WALTER L SEALE 950 W PARKHILL DR BOISE ID 83702	WALTER L SEALE 950 W PARKHILL DR BOISE ID 83702 3. New 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	WALTER LOUIS SEALE	950 PARKHILL DRIVE	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 102018**	Signature: Walter L Seale	Date: 05/01/2016
	Name (type or print): Walter L Seale	Title: Owner

Processed 05/01/2016

* Electronically provided signatures are accepted as original signatures.