

No. W 106269		Due no later than Aug 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		1. Mailing Address: Correct in this box if needed. HEALTHY CARE SOLUTIONS, LLC MICHELLE HAVENS PO BOX 3858 IDAHO FALLS ID 83403 USA		MICHELLE HAVENS 9671 N 5TH E IDAHO FALLS ID 83401			
				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	
MEMBER	HOLLIS MURRI	6283 E. SHARPTAIL RD	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID W 106269		6. Annual Report must be signed.* Signature: Michelle Havens Name (type or print): Michelle Havens Date: 06/20/2016 Title: Owner/manager					
Processed 06/20/2016		* Electronically provided signatures are accepted as original signatures.					