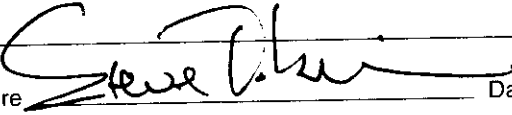


No. C 119755	Due no later than June 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		STEVEN J TOBIASON 1087 W RIVER ST STE 100 BOISE, ID 83702
	IDAHO ASSOCIATION OF HEALTH PLANS, <i>INC.</i> JOHN STELLMON PO BOX 6191 BOISE, ID 83707		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
President -	John Stellmon,	1211 W. Myrtle #110,	Boise ID 83702
Vice Pres. -	Elwood Kleevers,	800 Park #760,	Boise ID 83712
Sec./Tres. -	John Worley,	500 E. 1400 North,	Logan 84321
5. Organized Under the Laws of: IDAHO C 119755		6.  Signature _____ Date <u>4-26-06</u> Name (Typed or Printed) <u>Steven J. Tobiason</u> Title <u>Registered Agent</u>	

Issued 04/03/2006

Do Not Tape or Staple

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