

No. C 133533		Due no later than Apr 30, 2009		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. COMPLEMENTARY HEALTHCARE PLANS, INC. LINDA VOELSCH 6600 SW 105TH AVE STE 115 BEAVERTON OR 97008 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702- USA			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	GARY EDWARDS	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008	
PRESIDENT	PAMELLA MARCHAND	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
OR C 133533		Signature: Linda Voelsch				Date: 03/31/2009	
		Name (type or print): Linda Voelsch				Title: Co	
Processed 03/31/2009		* Electronically provided signatures are accepted as original signatures.					