

No. W 113185		Due no later than Apr 30, 2015		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. FREDRIKSEN HEALTH INSURANCE LLC STEVE FREDRIKSEN 5240 FAIRVIEW BOISE ID 83706		ADALAIDE FREDRIKSEN 5240 FAIRVIEW BOISE 83706			
				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	STEPHEN D. FREDRIKSEN	5240 FAIRVIEW	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 113185		Signature: Steve Fredriksen				Date: 02/24/2015	
		Name (type or print): Steve Fredriksen				Title: Manager	
Processed 02/24/2015		* Electronically provided signatures are accepted as original signatures.					