

No. W 113185		Due no later than Apr 30, 2015 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name STEPHEN D. FREDRIKSEN	Street or PO Address 5240 FAIRVIEW	City BOISE	State ID	Country USA	Postal Code 83706	
5. Organized Under the Laws of: ID W 113185		6. Annual Report must be signed.* Signature: Steve Fredriksen Name (type or print): Steve Fredriksen Date: 02/24/2015 Title: Manager					
Processed 02/24/2015 * Electronically provided signatures are accepted as original signatures.							