

No. W 84510		Due no later than Jun 30, 2012 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. HEALTH RETURNS, LLC RODNEY LIMB 1900 N. LAKES PL. SUITE 100 MERIDIAN ID 83646		RODNEY LIMB 1426 N. CAROL ST. MERIDIAN ID 83646			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	DIXIE L LIMB	1426 N. CAROL ST.	MERIDIAN	ID	USA	83646	
MEMBER	PAT JENSEN	6996 W. HWY. 52	EMMETT	ID	USA	83617	
MEMBER	RODNEY D LIMB	1425 N. CAROL ST.	BOISE	ID	USA	83646	
5. Organized Under the Laws of: ID W 84510		6. Annual Report must be signed.* Signature: Dixie L Limb Name (type or print): Dixie L Limb					
		Date: 07/10/2012 Title: Program Manager					
Processed 07/10/2012 * Electronically provided signatures are accepted as original signatures.							