

No. <b>W 84510</b>		<b>Due no later than Jun 30, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  HEALTH RETURNS, LLC RODNEY LIMB 1900 N. LAKES PL. SUITE 100 MERIDIAN ID 83646		RODNEY LIMB 1426 N. CAROL ST. MERIDIAN ID 83646			
				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:		6. Annual Report must be signed.*					
<b>ID W 84510</b>		Signature: Dixie L Limb				Date: 07/10/2012	
		Name (type or print): Dixie L Limb				Title: Program Manager	
Processed 07/10/2012		* Electronically provided signatures are accepted as original signatures.					