

No. W 84510	Due no later than Jun 30, 2010 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		RODNEY LIMB 845 E FAIRVIEW AVE #120 MERIDIAN ID 83642			
	HEALTH RETURNS, LLC RODNEY LIMB 845 E FAIRVIEW AVE #120 MERIDIAN ID 83642		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	Date: 05/20/2010			
		Name (type or print): Dixie L. Limb	Title: Secretary			
Processed 05/20/2010		* Electronically provided signatures are accepted as original signatures.				