No. W 1790		Due no later than Dec 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MICHAEL BERRY			
SECRETARY OF STATE 700 WEST JEFFERSON		1. Mailing Address: Correct in this box if needed. AMERICAN HEALTH VALUE, L.L.C.		671 E RIVERPARK LN STE 100 BOISE ID 83706			
PO BOX 83720 BOISE, ID 83720-0080		MICHAEL BERRY PO BOX 8063		2. Nov. Desistered Agent Cignature *			
NO ET THE ET T		BOISE ID 83707		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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	WILLIAM T	TERRY	671 E. RIVERPARK LANE SUITE 100	BOISE	ID		83706
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID		Signature: mbb		Date: 12/03/2015			
W 1790		Name (type or print): mbb		Title: Pres.			
Processed 12/03/2015 * Electronically provided signatures are accepted as original signatures.							