

No. C 182426	Due no later than Mar 31, 2016 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. OPTIMUM HEALTH INC. WILLIAM R ORAM 36 CEDAR HILLS DR POCATELLO ID 83204 USA	KATHY JO MERZLOCK 753 REDMAN STREET CHUBBUCK ID 83202	
		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).			
Office Held	Name	Street or PO Address	City State Country Postal Code
PRESIDENT	WILLIAM R ORAM	36 CEDAR HILLS DR	POCATELLO ID USA 83204
5. Organized Under the Laws of: ID C 182426	6. Annual Report must be signed.* Signature: WILLIAM R ORAM Name (type or print): WILLIAM R ORAM		Date: 02/24/2016 Title: PRESIDENT
Processed 02/24/2016		* Electronically provided signatures are accepted as original signatures.	