

No. W 91617		Due no later than Mar 31, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. DIRECT HEALTH LLC JULIE RAE 451 PARK AVE IDAHO FALLS ID 83402		JULIE RAE 451 PARK AVE IDAHO FALLS ID 83402			
				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	JULIE RAE	451 PARK AVENUE	IDAHO FALLS	ID	USA	83402-3608	
5. Organized Under the Laws of: ID W 91617		6. Annual Report must be signed.* Signature: Julie Rae Name (type or print): Julie Rae Date: 01/28/2013 Title: Member					
Processed 01/28/2013		* Electronically provided signatures are accepted as original signatures.					