No. C 166749		Due no	later than May 31, 2013	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CHRISTINE KOVASH 5777 N MEEKER AVE STE 103 BOISE ID 83713 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HEALTHCAST, INC. CHRISTINE M KOVASH 6213 N CLOVERDALE RD #150 BOISE ID 83713						
								NO FILING FEE IF RECEIVED BY DUE DATE
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Treasurer	(optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT JOAN H MEH		HN	6213 N CLOVERDALE RD, STE 150	BOISE	ID	USA	83713	
		O'DONNELL, III	6213 N CLOVERDALE RD, STE 150	BOISE	ID	USA	83713	
VICE PRESIDENT	LORI A KELI	LY	6213 N. CLOVERDALE RD, STE 150	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE		Signature: Christine M Kovash		Date: 06/11/2013				
C 166749		Name (type or print): Christine M Kovash		Title: Director, Corporate Relations				
Processed 06/11/2013	* Electronically provided signatures are accepted as original signatures.							