

No. W 2664	Annual Report Form 1997 Due No Later Than November 30.		2. Registered Agent and Office NOT A P.O. BOX DONALD R LAWRENZ, JR HC 64 BOX 9385 KETCHUM ID 83340
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address Please Correct, If Not Correct BEST HEALTH PLANS, LLC DONALD R LAWRENZ, JR HC 64 BOX 9385 KETCHUM ID 83340 9713		3. Organized Under the Laws of ID W 2664
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☒ Managers or ☐ Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
<i>MANAGER</i>	<i>DONALD R LAWRENZ</i> <i>PRESIDENT</i>	<i>HC 64</i> <i>Box 9385</i> <i>3/2 Buster back Ranch</i>	<i>Ketchum ID 83340-9713</i>
<i>MANAGER</i>	<i>SUSAN R LAWRENZ</i> <i>STAN HASSEN</i> <i>EVP + SECRETARY</i>	" " " "	" " " "
5. SIGNATURE OF CURRENT RA		6. Signature <u><i>Donald R. Lawrenz</i></u> Date <u><i>7-28-97</i></u> Name (Typed or Printed) <u><i>DONALD R. LAWRENZ</i></u> Title <u><i>MANAGER</i></u>	

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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