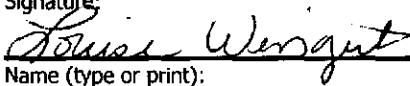
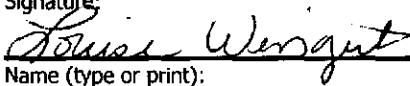
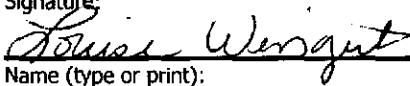


No. W 123856 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017 1. Mailing Address: Correct in this box if needed. SAVEONHEALTHCARECOSTS LLC LOUISE WINGERT 538 HIGHLAND DR PAYETTE ID 83661	2. Registered Agent and Office (NOT A P.O. BOX) LOUISE WINGERT 538 HIGHLAND DR PAYETTE ID 83661 3. <u>New</u> Registered Agent Signature.
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4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Louise Wingert 538 Highland Dr Payette ID 83661					
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Amy Macdonald 1012 1st Ave S Payette ID 83661					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 123856 </div>	6. <table style="width: 100%;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): Louise Wingert </td> <td style="width: 40%;"> Date: 8-28-18 Title: Owner </td> </tr> </table>	Signature:  Name (type or print): Louise Wingert	Date: 8-28-18 Title: Owner
Signature:  Name (type or print): Louise Wingert	Date: 8-28-18 Title: Owner		

Issued 08/17/2018 by DK1