

No. W 75691		Due no later than Jun 30, 2009		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		JENNIFER LAME 3214 N 3470 E KIMBERLY ID 83341			
		1. Mailing Address: Correct in this box if needed.					
		HEALTHCARE INNOVATIONS LLC JENNIFER LAME 3214 N 3470 E KIMBERLY ID 83341		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	JENNIFER LAME	3214 N 3470 E	KIMBERLY	ID	USA	83341	
MEMBER	JACOB LAME	3214 N 3470 E	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 75691		Signature: Jennifer Lame'				Date: 06/01/2009	
		Name (type or print): Jennifer Lame'				Title: Owner	
Processed 06/01/2009		* Electronically provided signatures are accepted as original signatures.					