

No. W 2664	Due no later than Jul 31, 2011 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		DONALD R LAWRENZ, JR 101 GRACE DR HAILEY ID 83333			
	BEST HEALTH PLANS, LLC DONALD R LAWRENZ PO BOX 4289 HAILEY ID 83333		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
MANAGER	DONALD R LAWRENZ, JR	P.O. BOX 4289	HAILEY	ID	USA	83333
5. Organized Under the Laws of: ID W 2664		6. Annual Report must be signed.* Signature: Christine Shultz Name (type or print): Christine Shultz Date: 07/21/2011 Title: Finance Manager				
Processed 07/21/2011		* Electronically provided signatures are accepted as original signatures.				