

Annual Report Form
Due No Later Than November 30,

1990

2. Registered Agent and Office **NOT A P.O. BOX**

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

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 HC 64 BOX 9385

KETCHUM ID 83340

3. Organized Under the Laws of:

KETCHUM ID 83340 9713 ID W 2564

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)Office heldNameStreet or P.O. AddressCityStateZip

**MANAGER DONALD R.
LAWRENZ**

**HC 64 Box 9385
Ketchum, In**

Ketchum ID 83340

**MANAGER SIESON R.
LAWRENZ**

"

"

"

"

5. Signature of New Registered Agent

6.

Signature

Donald R. Lawrenz Date 8-17-98

Name (Typed or
Printed)

DONALD R. LAWRENZ Title MANAGER

ISSUED: 07-03-1998

1153

DO NOT TAPE OR STAPLE