

Annual Report Form

1990

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

Due No Later Than November 30,

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

DONALD R LAWRENZ, JR
HC 64 BOX 9385

KETCHUM ID 83340

3. Organized Under the Laws of:

ID W 2604

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.
LAWRENZHC 64 BOX 9385
Ketchum, ID

Ketchum

ID

83340

MANAGER

SILSON R.
LAWRENZ

"

"

"

"

5. Signature of New Registered Agent

6.

Signature

Name (Typed or Printed)

Date

Title

Donald R. Lawrence

8-17-98

DONALD R. LAWRENZ

MANAGER

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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