

|  |                 |   |        |  |         |             |  |
|--|-----------------|---|--------|--|---------|-------------|--|
| No. <b>W 80399</b>   |                 | <b>Due no later than Jan 31, 2015</b>   |        | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>HEALTH E OPTIONS LLC<br>PAT JENSEN<br>6996 W HWY 52<br>EMMETT ID 83617           |        | PATRICIA JENSEN<br>6996 W HWY 52<br>EMMETT 83617   |         |             |  |
|  |                 |   |        | 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   | PATRICIA JENSEN | 6996 W. HWY 52  | EMMETT | ID   | USA     | 83617       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 80399</b>   |                 | 6. Annual Report must be signed.*<br>Signature: Patricia Jensen<br>Name (type or print): Patricia Jensen<br>Date: 03/08/2015<br>Title: member |        |  |         |             |  |
| Processed 03/08/2015   |                 | * Electronically provided signatures are accepted as original signatures.   |        |  |         |             |  |