

No. W 80399		Due no later than Jan 31, 2015 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		1. Mailing Address: Correct in this box if needed. HEALTH E OPTIONS LLC PAT JENSEN 6996 W HWY 52 EMMETT ID 83617		PATRICIA JENSEN 6996 W HWY 52 EMMETT 83617			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name PATRICIA JENSEN	Street or PO Address 6996 W. HWY 52		City EMMETT	State ID	Country USA	Postal Code 83617
5. Organized Under the Laws of: ID W 80399		6. Annual Report must be signed.* Signature: Patricia Jensen Name (type or print): Patricia Jensen Date: 03/08/2015 Title: member					
Processed 03/08/2015 * Electronically provided signatures are accepted as original signatures.							