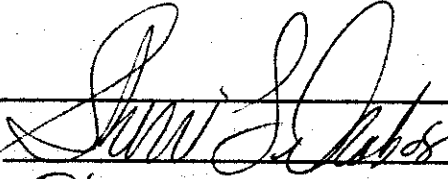


No. W 51531 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than June 30, 2008 Annual Report Form 1. Mailing Address - Correct in this box, if applicable QUANTUM HEALTH, LLC SHERRI L DRAKOS 395 N 850 W BLACKFOOT, ID 83221	2. Registered Agent and Office NO PO BOX CHRIS DRAKOS 1085 BERRETTE DR BLACKFOOT, ID 83221 395 N 850W Blackfoot, ID 83221 3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>Owner</td> <td>Sherri Drakos</td> <td>395 N. 850W</td> <td>Blackfoot</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>Manager</td> <td>Chris Drakos</td> <td>395 N 850W</td> <td>Blackfoot</td> <td>ID</td> <td>83221</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Owner	Sherri Drakos	395 N. 850W	Blackfoot	ID	83221	Manager	Chris Drakos	395 N 850W	Blackfoot	ID	83221
Office held	Name	Street or P.O. Address	City	State	Zip															
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Manager	Chris Drakos	395 N 850W	Blackfoot	ID	83221															
5. Organized Under the Laws of: IDAHO W 51531	6. <div style="display: flex; justify-content: space-between;"> <div> Signature  Name (Typed or Printed) <u>Sherri L. Drakos</u> </div> <div> Date <u>4-20-08</u> Title <u>OWNER</u> </div> </div>																			

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