

No. C 199736		Due no later than Sep 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. IDAHO HEALTH INSURANCE SOLUTIONS INC. DAVID SCHOFIELD 1858 E 1ST ST IDAHO FALLS ID 83401		DAVID SCHOFIELD 1858 E 1ST ST IDAHO FALLS ID 83401			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DAVID SCHOFIELD	1858 E 1ST ST	IDAHO FALLS	ID	USA	83401	
VICE PRESIDENT	RACHAEL SCHOFIELD	1858 E 1ST ST	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID C 199736		6. Annual Report must be signed.* Signature: David Schofield Name (type or print): David Schofield					
Date: 08/31/2018 Title: President							
Processed 08/31/2018		* Electronically provided signatures are accepted as original signatures.					