No. **C 179536**	**Due no later than Jul 31, 2016** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** PROMEGA HEALTH, INC. MICHAEL E REAGAN REAGAN LAW OFFICE, P.A. 1044 NORTHWEST BLVD STE D COEUR D ALENE ID 83814	MICHAEL E REAGAN 1044 NORTHWEST BLVD STE D REAGAN LAW OFFICE, P.A. COEUR D'ALENE ID 83814 3. New 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
DIRECTOR	KURT HOFFMAN	PO BOX 3397	POST FALLS	ID	USA	83877
DIRECTOR	JOHN GUNTER	PO BOX 212	KELLOGG	ID	USA	83837
DIRECTOR	TOM HESTON	PO BOX 405	KELLOGG	ID	USA	83837
TREASURER	ERIK PANKE	PO BOX 212	KELLOGG	ID	USA	83837
SECRETARY	ERIK PANKE	PO BOX 212	KELLOGG	ID	USA	83837
PRESIDENT	TOM HESTON	PO BOX 405	KELLOGG	ID	USA	83837

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 179536**	Signature: Michael E Reagan	Date: 07/29/2016
	Name (type or print): Michael E Reagan	Title: Reg Agent

Processed 07/29/2016

* Electronically provided signatures are accepted as original signatures.