

No. C 206777		Due no later than Aug 31, 2017 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. EXTEND HEALTH, INC. 2929 CAMPUS DRIVE SUITE 400 SAN MATEO CA 94403 USA		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
						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	JOSEPH J. MURAD	2929 CAMPUS DRIVE SUITE 400	SAN MATEO	CA		94403	
SECRETARY	ANTHONY J. CHICKERY	2929 CAMPUS DRIVE SUITE 400	SAN MATEO	CA		94403	
DIRECTOR	JOSEPH J. MURAD	2929 CAMPUS DRIVE SUITE 400	SAN MATEO	CA	USA	94403	
TREASURER	ANTHONY CHICKERY	2929 CAMPUS DRIVE SUITE 400	SAN MATEO	CA	USA	94403	
5. Organized Under the Laws of: DE C 206777		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann					
		Date: 07/20/2017 Title: POA					
Processed 07/20/2017 * Electronically provided signatures are accepted as original signatures.							