

No. C 135587	Due no later than September 30, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX LAWRENCE L SMITH 8997 CRAYDON PL BOISE, ID 83704	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HEALTH PARTNERS, INC. LAURENCE L SMITH 8997 CRAYDON PL BOISE, ID 83704		3. New Registered Agent Signature 	

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRES	Laurence L. Smith	8997 CRAYDON PL	Boise	ID	83704
Sec/TREAS	Debra K. Smith	8997 CRAYDON PL	Boise	ID	83704

5. Organized Under the Laws of: IDAHO C 135587	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 6. Signature <u>Debra Smith</u> </td> <td style="width: 40%;"> Date <u>7-30-07</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> <u>Debra Smith</u> </td> <td> Title <u>Sec/Treas</u> </td> </tr> </table>	6. Signature <u>Debra Smith</u>	Date <u>7-30-07</u>	Name <small>(Typed or Printed)</small> <u>Debra Smith</u>	Title <u>Sec/Treas</u>
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Name <small>(Typed or Printed)</small> <u>Debra Smith</u>	Title <u>Sec/Treas</u>				

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