

|  |                     |  |            |  |         |             |
|--|---------------------|--|------------|--|---------|-------------|
| No. <b>C 185633</b>  |                     | Due no later than Dec 31, 2017<br><b>Annual Report Form</b>  |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>1. Mailing Address: Correct in this box if needed.</b><br>GLOBAL HEALTHCARE EXCHANGE, INC.<br>1315 W. CENTRUY DR.<br>SUITE 100<br>LOUISVILLE CO 80027 |            | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>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  | BRUCE JOHNSON       | 1315 W. CENTRUY DR. SUITE 100  | LOUISVILLE | CO   | USA     | 80027       |
| TREASURER  | ROB GILLESPIE       | 1315 W. CENTRUY DR. SUITE 100  | LOUISVILLE | CO   | USA     | 80027       |
| SECRETARY  | CHRISTOPHER MCMANUS | 1315 W. CENTRUY DR. SUITE 100  | LOUISVILLE | CO   | USA     | 80027       |
| DIRECTOR   | ROB GILLESPIE       | 1315 W. CENTRUY DR. SUITE 100  | LOUISVILLE | CO   | USA     | 80027       |
| DIRECTOR   | BRUCE JOHNSON       | 1315 W. CENTRUY DR. SUITE 100  | LOUISVILLE | CO   | USA     | 80027       |
| 5. Organized Under the Laws of:<br><br><b>DE<br/>C 185633</b>  |                     | 6. Annual Report must be signed.*<br>Signature: Kelly Lettmann<br>Name (type or print): Kelly Lettmann<br>Date: 11/14/2017<br>Title: POA                 |            |  |         |             |
| Processed 11/14/2017   |                     | * Electronically provided signatures are accepted as original signatures.  |            |  |         |             |