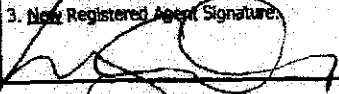


4/28/2015

W 79566

No. W 79566	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) LINDSAY CLARKE - Youngworth 4922 WYLLIE LN BOISE ID 83703- 1605 North 13th St. Boise, ID 83702																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. HEALTH PLUS, LLC LINDSAY CLARKE - Youngworth 4922 WYLLIE LN BOISE ID 83703 USA 1605 North 13th St. Boise, ID 83702		3. New Registered Agent Signature: 																																			
REINSTATEMENT FEE DUE: \$30.00																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>Lindsay Clarke - Youngworth</td> <td>1605 North 13th St.</td> <td>Boise</td> <td>ID</td> <td>Ada</td> <td>83702</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☐	Lindsay Clarke - Youngworth	1605 North 13th St.	Boise	ID	Ada	83702	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 79566	6. Signature:  Name (type or print): Lindsay Clarke - Youngworth			Date: 4/30/2015 Title: Owner																																		

Issued 04/28/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM