

No. C 198043		Due no later than Apr 30, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. DIRECT HEALTH SOLUTIONS CORPORATION LISA T MURPHY 100 SW MARKET ST MS E12B PORTLAND OR 97201		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
				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	ROBERT M COPPEDGE	100 SW MARKET ST	PORTLAND	OR	USA	97201	
SECRETARY	JOHNW W ATTEY	100 SW MARKET ST	PORTLAND	OR	USA	97201	
5. Organized Under the Laws of: OR C 198043		6. Annual Report must be signed.* Signature: Lisa T. Murphy Name (type or print): Lisa T. Murphy Date: 04/29/2016 Title: Assistant Secretary					
Processed 04/29/2016		* Electronically provided signatures are accepted as original signatures.					