No. **W 2664**	**Due no later than Jul 31, 2007** **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.** BEST HEALTH PLANS, LLC DONALD R LAWRENZ, JR PO BOX 4289 HAILEY ID 83333	DONALD R LAWRENZ, JR 101 GRACE DR HAILEY ID 83333 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	DONALD R LAWRENZ, JR	P.O. BOX 4289	HAILEY	ID	USA	83333

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 2664**	Signature: Don Lawrenz	Date: 06/25/2007
	Name (type or print): Don Lawrenz	Title: Manager

Processed 06/25/2007

* Electronically provided signatures are accepted as original signatures.