No. <b>W 160063</b>		Due no later than Dec 31, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  HELIX HEALTH INSURANCE LLC 2975 E FRANKLIN RD  MERIDIAN ID 83642		2. Registered A	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				23240 GRAP WILDER ID	JERALD HOLLOWAY 23240 GRAPHIC LN WILDER ID 83676  3. New Registered Agent Signature:*			
RECEIVED BY DL		mes and Addresses (	of at least one Member or Manager.					
Office Held	Name	nes una ridaresses c	Street or PO Address	City	State	Country	Postal Code	
MANAGER JERALD HOL		LOWAY	23240 GRAPHIC LN	WILDER	ID	USA	83676	
5. Organized Under the Laws of:  ID  W 160063		6. Annual Report must be signed.* Signature: Jerald Holloway Name (type or print): Jerald Holloway			Date: 11/01/2016 Title: Managing Partner			
		* Electronically provided signatures are accepted as original signatures.						