

No. C 182426		Due no later than Mar 31, 2015		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. OPTIMUM HEALTH INC. LARAE ORAM 36 CEDAR HILLS DR POCATELLO ID 83204 USA		KATHY JO MERZLOCK 2858 MARGO LN POCATELLO 83201			
				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	
TREASURER	WILLIAM R ORAM	36 CEDAR HILLS DR	POCATELLO	ID	USA	83204	
PRESIDENT	LARAE ORAM	36 CEDAR HILLS DR	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of: ID C 182426		6. Annual Report must be signed.* Signature: larae oram Name (type or print): larae oram					
Date: 03/26/2015 Title: pres							
Processed 03/26/2015		* Electronically provided signatures are accepted as original signatures.					