

No. <b>W 2664</b>		<b>Due no later than Jul 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  BEST HEALTH PLANS, LLC DONALD R LAWRENZ PO BOX 4289 HAILEY ID 83333		DONALD R LAWRENZ, JR 101 GRACE DR HAILEY ID 83333	
				3. <u>New</u> 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:  <b>ID W 2664</b>		6. Annual Report must be signed.* Signature: don lawrenz Name (type or print): don lawrenz Date: 05/27/2016 Title: manager			
Processed 05/27/2016		* Electronically provided signatures are accepted as original signatures.			