FILED EFFECTIVE

REINSTATEMENT

No. W 2664

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

FEE DUE $90.00

Annual Report Form
ADMIN DISSOLVED 10/05/2001

Mailing Address - Correct in this box if applicable

BEST HEALTH PLANS, LLC
DONALD R LAWRENZ, JR
~~PO BOX 3341~~

HAILEY, ID 83333

2. Registered Agent and Office NOT A P.O. BOX

DONALD R LAWRENZ, JR
~~HC 64 BOX 9385~~ 101 Grace Dr.
~~BUSTERBACK RANCH STAR~~
~~KETCHUM, ID 83340~~ Hailey
83333

BEST Health Plans, LLC
c\o Donald Lawrenz, Jr.
PO Box 3841
Hailey, ID 83333

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Donald R. Lawrenz, Jr.	BEST Health Plans, LLC c\o Donald Lawrenz, Jr. PO Box 3841	Hailey	Idaho	83333
Manager	Steve Course	BEST Health Plans, LLC c\o Donald Lawrenz, Jr. PO Box 3841	Hailey	Idaho	83333

5. Organized under the laws of:
IDAHO
W 2664

6.
Signature Donald R Lawrenz Jr Date 12-18-03
Name (Typed or Printed) Donald R. Lawrenz, Jr. Title Manager

Issued 12/18/2003

BEST HEALTH PLANS, LLC
Application for Reinstatement
Statement of Registered Agent

Pursuant to the Application for Reinstatement, item #4, the BEST HEALTH PLANS, LLC submits the following statement for the purpose of verifying its registered agent in the State of Idaho.

I, Donald R. Lawrenz, Jr., remain the registered agent for BEST HEALTH PLANS, LLC and consent to continue to serve in such capacity until further notice. My current address is:

BEST Health Plans, LLC
c\o Donald Lawrenz, Jr.
PO Box 3841
101 Grace Drive
Hailey, ID 83333

Signature

12-18-03
Date

Donald R. Lawrenz, Jr.
Name

President & Manager
Title