

FILED EFFECTIVE**REINSTATEMENT**

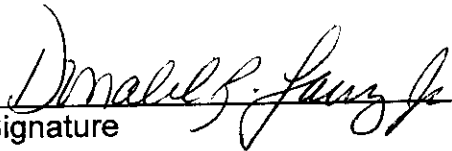
No. W 2664 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-6080 FEE DUE \$30.00	Annual Report Form ADMIN DISSOLVED 10/05/2001 Mailing Address - Correct in this box if applicable: BEST HEALTH PLANS, LLC DONALD R LAWRENZ, JR PO BOX 3344 HAILEY, ID 83333	2. Registered Agent and Office NOT A P.O. BOX DONALD R LAWRENZ, JR HC 64 BOX 9385 BUSTERBACK RANCH STAR KETCHUM, ID 83340 101 Grace Dr. Hailey 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) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Donald R. Lawrenz, Jr.</td> <td>BEST Health Plans, LLC c/o Donald Lawrenz, Jr. PO Box 3841</td> <td>Hailey</td> <td>Idaho</td> <td>83333</td> </tr> <tr> <td>Manager</td> <td>Steve Course</td> <td>BEST Health Plans, LLC c/o Donald Lawrenz, Jr. PO Box 3841</td> <td>Hailey</td> <td>Idaho</td> <td>83333</td> </tr> </tbody> </table>			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
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5. Organized under the laws of: IDAHO W 2664	6. Signature <u><i>Donald R. Lawrenz Jr.</i></u> Date <u>12-18-03</u> Name (Typed or Printed) <u>DONALD R. LAWRENZ, JR.</u> Title <u>MANAGER</u>																			

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