450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		Annual Report Fo	Due no later than January 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX REED W LARSEN 60 S MAIN ST ABERDEEN, ID 83210-4229	
		1. Mailing Address - Correct in this PURE 1 HEALTH, LLC PO BOX 4229	1. Mailing Address - Correct in this box, if applicable PURE 1 HEALTH, LLC PO BOX 4229			
		POCATELLO, ID 83205-4229				
NO FILING FEE IF RECEIVED BY DUE DATE			•	3. New Registered Agent Signature		
4. Limited L	_iability Compan	nies: Enter Names and Addresses	s of Managers.		·	
<u>Office held</u> Member	<u>Name</u> Harold J Klass	Street or P.O. Address	Aberdeen	State ID	<u>Zip</u> 83210	
	·					
5. Organized Under the Laws of: IDAHO W 57914		6. Signature	Signature Mulling		Date	
Issued 11/01/2007		Name Printed Harold	Name Printed Harold Klassen		Title _Member)	
	3 1/2007	Do Not Tape or	Staple	200801	008958	