No. W 51531		Due no later than Jun 30, 2007		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. QUANTUM HEALTH, LLC SHERRI L DRAKOS 395 N 850 W BLACKFOOT ID 83221		1085 BERF BLACKFOO	CHRIS DRAKOS 1085 BERRETTE DR BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	SHERRI L D	RAKOS	395 N 850 W	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sherri Drakos			Date: 07/28/2007			
W 51531		Name (type or		Title: Owner				
Processed 07/28/2007 * Electronically provided signatures are accepted as original signatures.								