

No. W 49190		Due no later than Apr 30, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		TONI OBRIEN 1219 YELLOWSTONE STE B POCATELLO ID 83201			
		1. Mailing Address: Correct in this box if needed.					
		COOPERATIVE HEALTH INSTITUTE LLC TONI OBRIEN 1219 YELLOWSTONE STE B POCATELLO ID 83201		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	TONI OBRIEN	RR 1 BOX 91 D	POCATELLO	ID	USA	83202	
MANAGER	VICKI TEUSCHER	5411 NEZ PERCE	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 49190		Signature: Toni OBrien			Date: 05/17/2012		
		Name (type or print): Toni OBrien			Title: Manager		
Processed 05/17/2012		* Electronically provided signatures are accepted as original signatures.					