

No. W 79566		Due no later than Dec 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HEALTH PLUS, LLC LINDSAY CLARKE-YOUNGWERTH 1605 N 13TH ST BOISE ID 83702 USA		LINDSAY CLARKE-YOUNGWERTH 1605 N 13TH ST BOISE ID 83702-8370			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name LINDSAY CLARKE YOUNGWERTH	Street or PO Address 1605 SUITE A		City BOISE	State ID	Country USA	Postal Code 83703
5. Organized Under the Laws of: ID W 79566		6. Annual Report must be signed.* Signature: Lindsay Clarke Youngwerth Name (type or print): Lindsay Clarke Youngwerth Date: 11/02/2017 Title: Manager					
Processed 11/02/2017 * Electronically provided signatures are accepted as original signatures.							