

No. W 49190	Due no later than Apr 30, 2011 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		TONI OBRIEN 1219 YELLOWSTONE STE B POCATELLO ID 83201			
	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: ID W 49190		6. Annual Report must be signed.* Signature: Toni OBrien Name (type or print): Toni OBrien Date: 06/01/2011 Title: Manager				
Processed 06/01/2011		* Electronically provided signatures are accepted as original signatures.				