

No. W 80399	Due no later than Jan 31, 2010 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. HEALTH E OPTIONS LLC PAT JENSEN 6996 W HWY 52 EMMETT ID 83617		PATRICIA JENSEN 6996 W HWY 52 EMMETT ID 83617			
			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
MEMBER	PATRICIA JENSEN	6996 W. HWY 52	EMMETT	ID	USA	83617
5. Organized Under the Laws of: ID W 80399	6. Annual Report must be signed.* Signature: Patricia Jensen Name (type or print): Patricia Jensen		Date: 02/10/2010 Title: Owner			
Processed 02/10/2010		* Electronically provided signatures are accepted as original signatures.				