No. <b>W 51531</b>		Due no later than Jun 30, 2011		-	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 BROWN  1744 MORTIMER DR  BOISE ID 83712		17 B0	CHRIS DRAKOS 1744 MORTIMER DR BOISE ID 83712  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	У	State	Country	Postal Code
MANAGER	1ANAGER SHERRI L BROWN		1744 MORTIMER DR.	BOI	ISE	ID	USA	83712
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sherri L. Brown			Date: 06/11/2011			
W 51531		Name (type or print): Sherri L. Brown			Title: Manager			
Processed 06/11/2011 * Electronically provided signatures are accepted as original signatures.								