

No. C 107057		Due no later than Jul 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. BINGHAM COMMUNITY HEALTH PLAN, INC. D JEFFERY DANIELS 98 POPLAR STREET BLACKFOOT ID 83221		D JEFFREY DANIELS 98 POPLAR ST BLACKFOOT ID 83221			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JEFFERY DANIELS	98 POPLAR STREET	BLACKFOOT	ID	USA	83221	
DIRECTOR	JAKE ERICKSON	98 POPLAR STREET	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID C 107057		6. Annual Report must be signed.* Signature: D. Jeffery Daniels Name (type or print): D. Jeffery Daniels					
Processed 06/29/2017		Date: 06/29/2017 Title: CEO * Electronically provided signatures are accepted as original signatures.					