

No. <b>C 133533</b>		Due no later than Apr 30, 2011 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> COMPLEMENTARY HEALTHCARE PLANS, INC. LINDA VOELSCH 6600 SW 105TH AVE STE 115 BEAVERTON OR 97008 USA		BUSINESS FILINGS INCORPORATED 1111 W JEFFERSON STE 530 BOISE ID 83702 USA		
				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
DIRECTOR	MATTHEW LAM	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008
DIRECTOR	JO WOLD	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008
PRESIDENT	MICHELL HAY	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008
DIRECTOR	GARY EDWARDS	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008
DIRECTOR	ARTHUR WALKER	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008
DIRECTOR	RICHARD TILDEN	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008
DIRECTOR	MARIAN FISH	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008
DIRECTOR	CHRIS BLATTNER	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008
DIRECTOR	BRUCE CHASER	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008
5. Organized Under the Laws of:  <b>OR C 133533</b>		6. Annual Report must be signed.* Signature: Linda Voelsch Name (type or print): Linda Voelsch Date: 04/08/2011 Title: Co				
Processed 04/08/2011		* Electronically provided signatures are accepted as original signatures.				