

| No. C 139053 | | Due no later than May 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 | | 1. Mailing Address: Correct in this box if needed. BPA HEALTH, INC. D WHITMAN JONES 380 E PARKCENTER BLVD STE 300 BOISE ID 83706 | | D WHITMAN JONES 300 E MALLARD DR STE 350 BOISE ID 83706 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | D WHITMAN JONES | 380 E. PARKCENTER BLVD., STE 3 | BOISE | ID | USA | 83706 | |
| SECRETARY | SARAH J. WOODLEY | 380 E. PARKCENTER BLVD., STE 3 | BOISE | ID | USA | 83706 | |
| DIRECTOR | PAULA H JONES | 380 E. PARKCENTER BLVD., STE 3 | BOISE | ID | USA | 83706 | |
| DIRECTOR | HENRY J WOODLEY | 380 E PARKCENTER BLVD STE 304 | BOISE | ID | USA | 83706 | |
| 5. Organized Under the Laws of: ID C 139053 | | 6. Annual Report must be signed.* Signature: D. Whitman Jones Name (type or print): D. Whitman Jones | | | | | |
| | | Date: 03/15/2010 Title: President | | | | | |
| Processed 03/15/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | |