No. <b>C 185557</b>		Due no later than Dec 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  JLR GENERATIONS HEALTH MANAGEMENT, INC. ROBERT V DELOACH 275 S 5TH LOWER LEVEL POCATELLO ID 83201		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)  JAMES B EVERTON 275 S 5TH LOWER LEVEL POCATELLO ID 83201  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE								
				LOWER LEVEL POCATELLO				
				J. <u>New</u> Registers				
4. Corporations: Enter	Names and Busin	ess Addresses of F	resident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JIM EVERTO	N	2624 WILD HORSE RIDGE	POCATELLO	ID	USA	83204	
DIRECTOR	LEWIS CHANDLER		4910 JOHNNY CREEK	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jim		Date: 01/19/2016				
C 185557		Name (type or		Title: President				
Processed 01/19/2016		* Flectronically pr	ovided signatures are accepted as original	signatures				