

No. C 158193		Due no later than Jan 31, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTHALLIES, INC. 11000 OPTUM CIRCLE EDEN PRAIRIE MN 55344		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				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	JOHN PHILIP HOLCOMB	11000 OPTUM CIRCLE	EDEN PRAIRIE	MN	USA	55344
SECRETARY	PATRICK JOHN DEWALL	9800 HEALTH CARE LANE	MINNETONKA	MN	USA	55343
TREASURER	ROBERT WORTH OBERRENDER	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343
DIRECTOR	MICHAEL ERIC WEISSEL	1325 BOYLSTON STREET 11TH FLOOR	BOSTON	MA	USA	02215
DIRECTOR	JOHN PHILIP HOLCOMB	11000 OPTUM CIRCLE	EDEN PRAIRIE	MN	USA	55344
DIRECTOR	JOEL RICHARD COSTA	11000 OPTUM CIRCLE	EDEN PRAIRIE	MN	USA	55344
5. Organized Under the Laws of: DE C 158193		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann		Date: 12/07/2017 Title: POA		
Processed 12/07/2017		* Electronically provided signatures are accepted as original signatures.				