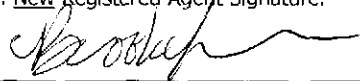



No. <b>W 153886</b>	Due no later than Jul 31, 2016 <b>Annual Report Form</b>		2. Registered Agent and Office (NOT A P.O. BOX) <del>UNITED STATES CORPORATION AGENT</del> <del>800 W MAIN ST STE 1460</del> <del>BOISE ID 83702 USA</del> <i>Brooke Jensen</i> <i>231 N 3rd Ave</i> <i>Sandpoint ID 83864</i>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> CONNECTION 2 HEALTH, LLC BROOKE JENSEN 231 N 3RD AVE STE 102 SANDPOINT ID 83864		3. <u>New</u> Registered Agent Signature. 
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Connection 2 Health Brooke Jensen</i> <i>231 N- 3rd Ave. Sandpoint Id 83864</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             IDAHO              W 153886           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature:   <hr/>           Name (type or print):  <i>Brooke Jensen</i> </div> <div style="width: 35%;">           Date:  <i>9-28-16</i>  <hr/>           Title:         </div> </div>	
Issued 09/20/2016 by CLH		107587	