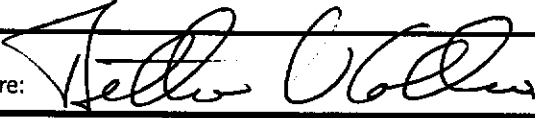
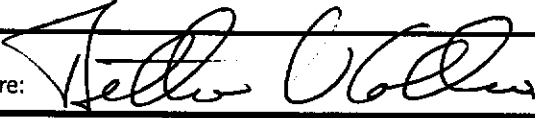
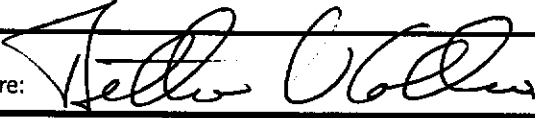


No. <b>W 71097</b>	Due no later than Feb 28, 2011 <b>Annual Report Form</b>	2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) ARTHUR V COLLINS 1214 GLENMORE CT HAYDEN ID 83835					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. HEALTH CONNECTIONS LLC ARTHUR V COLLINS 1214 GLENMORE CT HAYDEN ID 83835	3. <u>New</u> Registered Agent Signature.					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.							
Manager/Member	Name	Street or PO Address					
City	State	Country					
Postal Code							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Arthur V. Collins</td> <td style="width: 30%;">1214 Glenmore Ct.</td> <td style="width: 20%;">Hayden ID</td> <td style="width: 20%;">Idaho</td> <td style="width: 10%;">83835</td> </tr> </table>			Arthur V. Collins	1214 Glenmore Ct.	Hayden ID	Idaho	83835
Arthur V. Collins	1214 Glenmore Ct.	Hayden ID	Idaho	83835			
5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 71097</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: </td> <td style="width: 30%;">Date: 1/7/11</td> </tr> <tr> <td>Name (type or print): Arthur V. Collins</td> <td>Title: Owner</td> </tr> </table>		Signature: 	Date: 1/7/11	Name (type or print): Arthur V. Collins	Title: Owner	
Signature: 	Date: 1/7/11						
Name (type or print): Arthur V. Collins	Title: Owner						
Issued 12/14/2010 by SLD							

127919

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of managers or members of the limited liability company. **Note:** Do not put "same as last year" or "same as above". **These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include the title for each name listed.**

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**\*\* The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the Limited Liability Company is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at [www.sos.idaho.gov](http://www.sos.idaho.gov). However, if no timely annual report is filed, administrative action will be taken, at no cost to the Limited Liability Company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED