No. <b>C 200409</b>		Due no later than Nov 30, 2014		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CORPORATION SERVICE COMPANY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  CASTLIGHT HEALTH, INC.  121 SPEAR ST. SUITE 300  SAN FRANCISCO CA 94105		TWO RINCON BOISE 8371	12550 W EXPLORER DR STE 100 TWO RINCON CENTER BOISE 83713  3. New Registered Agent Signature:*			
4. Corporations: Enter Nar	nes and Busin	ess Addresses of I	President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	GIOVANNI C	OLELLA MD	121 SPEAR ST. SUITE 300	SAN FRANCISCO	) CA	USA	94105	
SECRETARY	JOHN DOYLE		121 SPEAR ST. SUITE 300	SAN FRANCISCO	CA	USA	94105	
TREASURER	JOHN DOYLE		121 SPEAR ST. SUITE 300	SAN FRANCISCO	CA CA	USA	94105	
VICE PRESIDENT	JOHN DOYLE		121 SPEAR ST. SUITE 300	SAN FRANCISCO	CA CA	USA	94105	
DIRECTOR	ANNIE LAMO	NT	121 SPEAR ST. SUITE 300	SAN FRANCISCO	) CA	USA	94105	
DIRECTOR	BRYAN ROBE	ERTS	121 SPEAR ST. SUITE 300	SAN FRANCISCO	CA CA	USA	94105	
DIRECTOR	DAVID SING	ER	121 SPEAR ST. SUITE 300	SAN FRANCISCO	) CA	USA	94105	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE C 200409		Signature: JOHN DOYLE			Date: 10/30/2014			
		Name (type or print): JOHN DOYLE			Title: CFO			
Processed 10/30/2014 * Electronically provided signatures are accepted as original signatures.								