No. **W 107323**	**Due no later than Oct 31, 2015** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** HEALTH VALUE COMMUNICATIONS, LLC 1412 W IDAHO ST STE 239 BOISE ID 83702	DR ANDREW MYERS 1412 W IDAHO SUITE 239 BOISE ID 83702 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	ANDREW E MYERS	4504 W QUAIL RIDGE DRIVE	BOISE	ID	USA	83703

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 107323**	Signature: Amy Meyer Name (type or print): Amy Meyer	Date: 08/20/2015 Title: Operations Manager

Processed 08/20/2015

* Electronically provided signatures are accepted as original signatures.