

No. C 130054		Due no later than Aug 31, 2008		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 MANAGEMENT, INC. DAWN A WILLIAMS PO BOX 740026 LOUISVILLE KY 04201-7426		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702					
				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			
TREASURER	JAMES H BLOEM	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202			
PRESIDENT	GEORGE BAUERNFEIND	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202			
SECRETARY	JOAN O LENAHAH	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202			
5. Organized Under the Laws of: DE C 130054		6. Annual Report must be signed.* Signature: Goerge Bauernfeind Name (type or print): Goerge Bauernfeind Date: 06/13/2008 Title: Vice President							
Processed 06/13/2008		* Electronically provided signatures are accepted as original signatures.							