

No. W 2664		Due no later than Jul 31, 2009 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		1. Mailing Address: Correct in this box if needed. BEST HEALTH PLANS, LLC DONALD R LAWRENZ PO BOX 4289 HAILEY ID 83333		DONALD R LAWRENZ, JR 101 GRACE DR HAILEY ID 83333			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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	DONALD R LAWRENZ, JR	P.O. BOX 4289	HAILEY	ID	USA	83333	
5. Organized Under the Laws of: ID W 2664		6. Annual Report must be signed.* Signature: Don Lawrenz Name (type or print): Don Lawrenz					
		Date: 06/21/2009 Title: Manager					
Processed 06/21/2009 * Electronically provided signatures are accepted as original signatures.							