

No. C 133533		Due no later than Apr 30, 2015 <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: <b>Correct in this box if needed.</b>  COMPLEMENTARY HEALTHCARE PLANS, INC. ERICA AITKEN 6600 SW 105TH AVENUE SUITE 115 BEAVERTON OR 97008 USA		BUSINESS FILINGS INCORPORATED 921 S ORCHARD ST STE G BOISE ID 83705			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
DIRECTOR	GARY EDWARDS	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008	
DIRECTOR	ARTHUR WALKER	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008	
DIRECTOR	RICHARD TILDEN	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008	
DIRECTOR	MARIAN FISH	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008	
SECRETARY	CHRIS BLATTNER	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008	
DIRECTOR	BRUCE CHASER	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008	
DIRECTOR	MATTHEW LAM	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008	
DIRECTOR	JO WOLD	6600 SW 1055TH SUITE 115	BEAVERTON	OR	USA	97008	
PRESIDENT	MICHELL HAY	6600 SW 105TH SUITE 115	BEAVERTON	OR	USA	97008	
5. Organized Under the Laws of:  <b>OR</b> <b>C 133533</b>		6. Annual Report must be signed.*  Signature: Erica Aitken Name (type or print): Erica Aitken					
		Date: 04/28/2015 Title: Controller					
Processed 04/28/2015		* Electronically provided signatures are accepted as original signatures.					