

No. C 133533	Due no later than Apr 30, 2017 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.		BUSINESS FILINGS INCORPORATED 921 S ORCHARD ST STE G BOISE ID 83705				
	COMPLEMENTARY HEALTHCARE PLANS, INC. ERICA AITKEN 6600 SW 105TH AVENUE SUITE 115 BEAVERTON OR 97008 USA		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	CHRIS BLATTNER	6600 SW 105TH AVE SUITE 115	BEAVERTON	OR	USA	97008	
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	
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: OR C 133533		6. Annual Report must be signed.* Signature: Colleen Belford Name (type or print): Colleen Belford Date: 04/28/2017 Title: Controller					
Processed 04/28/2017		* Electronically provided signatures are accepted as original signatures.					