

No. C 179536		Due no later than Jul 31, 2011 <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  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. Mailing Address: Correct in this box if needed.  PROMEGA HEALTH, INC. MICHAEL E REAGAN LIESCHE & REAGAN PA 1044 NORTHWEST BLVD STE D COEUR D'ALENE ID 83814		MICHAEL E REAGAN 1044 NORTHWEST BLVD STE D COEUR D'ALENE ID 83814			
						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	KURT HOFFMAN	PO BOX 3397	POST FALLS	ID	USA	83877	
DIRECTOR	JOHN GUNTER	PO BOX 212	KELLOGG	ID	USA	83837	
DIRECTOR	TOM HESTON	PO BOX 405	KELLOGG	ID	USA	83837	
TREASURER	ERIK PANKE	PO BOX 212	KELLOGG	ID	USA	83837	
SECRETARY	ERIK PANKE	PO BOX 212	KELLOGG	ID	USA	83837	
PRESIDENT	TOM HESTON	PO BOX 405	KELLOGG	ID	USA	83837	
5. Organized Under the Laws of:  <b>ID C 179536</b>		6. Annual Report must be signed.*  Signature: Michael E Reagan Name (type or print): Michael E Reagan					
		Date: 06/15/2011 Title: Reg Agent					
Processed 06/15/2011		* Electronically provided signatures are accepted as original signatures.					