

No. <b>C 101889</b>		<b>Due no later than Apr 30, 2017</b> <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>1. Mailing Address: Correct in this box if needed.</b>  EMPLOYEE BENEFIT MANAGEMENT SERVICES, INC. BRENNA L YARINA PO BOX 21367 BILLINGS MT 59104		C T CORPORATION SYSTEM 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	NICKI LARSON	2075 OVERLAND AVENUE	BILLINGS	MT	USA	59102	
DIRECTOR	FREDERICK H LARSON	2075 OVERLAND AVENUE	BILLINGS	MT	USA	59102	
PRESIDENT	KEVIN LARSON	2075 OVERLAND AVENUE	BILLINGS	MT	USA	59102	
VICE PRESIDENT	RODNEY KASTELITZ	2075 OVERLAND AVE	BILLINGS	MT	USA	59102	
5. Organized Under the Laws of:  <b>MT</b> <b>C 101889</b>		6. Annual Report must be signed.*  Signature: KEVIN LARSON Name (type or print): KEVIN LARSON					
		Date: 03/17/2017 Title: PRESIDENT					
Processed 03/17/2017 * Electronically provided signatures are accepted as original signatures.							