| No.  | W 21305  | Due no later than 11/30/2009   | 2. Registered Agent and Address (NO PO BOX)        |            |                |
|--|--|--|--|------------|----------------|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |  | Annual Report Form  1. Mailing Address: Correct in this box if needed. BOISE'S BETTER BENEFITS, LLC 5212 W FRANKLIN RD #53 | BOISE ID 83702  3. New Registered Agent Signature: |            |                |
|  |  | BOISE ID 83705   |  |            |                |
|  | nited Liability Companies: Ento<br>e Held Name | er Names and Addresses of at least one Member or Manage<br>Street or PO Address  | er.<br>City  | State      | Zip            |
| W  | nger Monza<br>Public                           | 1350 Managerid 51/2W Franklindld<br>propurty trust #53   | 2 Bolde  | TO         | <b>83705</b>   |
| 5. Or  | ganized Under the Laws of:<br>ID<br>W 21305    | 6. Annual Report must be signed.  Signature:  Name(type or print)  |  | Date: //// | 09<br><u>e</u> |
| Issi   | ued 9/11/2009 by NLB                           |  |  | 2009       | 11004158       |