REINSTATEMENT

No.	Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX SHARON HUTCHINGS 1211 OWHYEE 697 So ARIES A CUNA, ID 83634 STAR, ID AHD 83 3. New registered agent signature		
Return to: C 128055 SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable HEALTH BENEFIT CORPORATION SHARON HUTCHINGS -1211 OWYHEE PO BOX 614 KUNA ID 83634 STAR, 1DAHO 83669			
	d Business Addresses of President, Secretary and Directors nter Names and Addresses of	one)		,
Office held Name PRESIDENT ST	Street or P.O. Address HARON HUTZHINGS PO BOX 614 ROBERT D. HOTZHINGS PO BOX 614	City STAR STAR	State 10AHo 1DAHo	zip 83669 83669
		7 -		:
5. Organized under the laws of:	6. Signature	Date	M/147.	2007
IDAHO	Name (Typed or POBORT D. HUTCH			