No. W 17259		Due no later than Dec 31, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form			RAYMOND M SEVERE			
		1. Mailing Address: Correct in this box if needed. LINCOLN EMPLOYEE BENEFIT SOLUTIONS, LLC RAYMOND M SEVERE 1095 9TH STREET IDAHO FALLS ID 83404		_	1095 9TH STREET IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
200	nter Name	es and Addresses	of at least one Member or Manager.					
Office Held Name	2		Street or PO Address		City	State	Country	Postal Code
MANAGER RAYN	10ND M S	SEVERE	1599 BLUEBIRD LN		IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Raymond Severe			Date: 10/27/2016			
W 17259		Name (type or print): Raymond Severe			Title: Owner			
Processed 10/27/2016	*	* Electronically provided signatures are accepted as original signatures.						