

No. C 180871		Due no later than Nov 30, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. NORTHWEST MANAGED BENEFITS, INC. LYNNETTE A STITH 1869 E SELTICE WAY STE A302 POST FALLS ID 83854		LYNNETTE A STITH 1869 E SELTICE WAY STE A302 POST FALLS ID 83854			
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	
PRESIDENT	LYNNETTE A STITH	1869 E. SELTICE WAY STE A302	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID C 180871		6. Annual Report must be signed.* Signature: Lynnette Stith Name (type or print): Lynnette Stith					
		Date: 01/06/2010 Title: President					
Processed 01/06/2010 * Electronically provided signatures are accepted as original signatures.							