
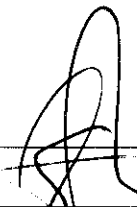


<b>No. W 10277</b>	<b>Due no later than Nov 30, 2000 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable <b>PACIFIC BENEFITS GROUP NORTHWEST, L</b>  120 SW ANKENY ST STE 315  PORTLAND, OR 97204		<del>LARRY BLACKBURN</del> <b>Steve March</b> 2417 BANK DR STE 312  BOISE, ID 83705  3. <del>New</del> Registered Agent Signature 																								
4. Limited Liability Companies: Enter Names and Addresses of Members.																											
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>SHANE NICHOLS</td> <td>120 SW ANKENY #315</td> <td>PORTLAND</td> <td>OR</td> <td>97204</td> </tr> <tr> <td>MEMBER</td> <td>SCOTT BULLARD</td> <td>120 SW ANKENY #315</td> <td>PORTLAND</td> <td>OR</td> <td>97204</td> </tr> <tr> <td>MEMBER</td> <td>STEVEN C. SCOTT</td> <td>120 SW ANKENY 315</td> <td>PORTLAND</td> <td>OR</td> <td>97204</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MEMBER	SHANE NICHOLS	120 SW ANKENY #315	PORTLAND	OR	97204	MEMBER	SCOTT BULLARD	120 SW ANKENY #315	PORTLAND	OR	97204	MEMBER	STEVEN C. SCOTT	120 SW ANKENY 315	PORTLAND	OR	97204
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5. Organized Under the Laws of:  OREGON W 10277	6.  Signature _____ Date <b>9-18-00</b> Name (Typed or Printed) <b>Shane Nichols Mem</b> Title: <b>Member LLC</b>																										

Issued 09/04/2000

Do Not Tape or Staple

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