No. **W 30635**	**Due no later than May 31, 2016** **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.** HEALTH BENEFITS OF BOISE LLC RACHEL M JOHNSTON 3313 W CHERRY LN PMB135 MERIDIAN ID 83642	RACHEL M JOHNSTON 1608 N MERIDIAN RD STE 115 MERIDIAN ID 83642-8364 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	RACHEL M JOHNSTON	3313 W CHERRY LN PMB135	MERIDIAN	ID	USA	83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 30635**	Signature: Rachel Johnston	Date: 04/05/2016
	Name (type or print): Rachel Johnston	Title: Managing Member

Processed 04/05/2016

* Electronically provided signatures are accepted as original signatures.