

No. <b>W 128027</b>		<b>Due no later than Aug 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SAWTOOTH EMPLOYEE BENEFITS LLC PO BOX 928 BURLEY ID 83318		KYLE CARPENTER 1912 W MAIN ST BURLEY ID 83318			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> 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	
MEMBER	KYLE CARPENTER	1912 W MAIN	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:  <b>ID</b> <b>W 128027</b>		6. Annual Report must be signed.*  Signature: Kyle Carpenter Name (type or print): Kyle Carpenter					
		Date: 06/24/2015 Title: Owner					
Processed 06/24/2015      * Electronically provided signatures are accepted as original signatures.							