No. W 30635	Due no later than May 31, 2013		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTH BENEFITS OF BOISE LLC RACHEL M JOHNSTON 3313 W CHERRY LN PMB135		849 E STATE	RACHEL M JOHNSTON 849 E STATE ST STE 102 EAGLE ID 83616			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			EAGLE ID 8				
	MERIDIAN ID 83642		3. New Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER RACHEL M	JOHNSTON	3080 N MARBURG AVE	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:	s of: 6. Annual Report must be signed.*						
ID	Signature: Rachel Johnston		Date:	Date: 03/19/2013			
W 30635	Name (type or print): Rachel Johnston		Title:	Title: Managing Member			
Processed 03/19/2013	* Electronically provided signatures are accepted as original signatures.						