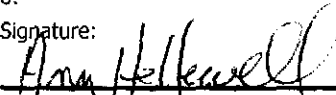
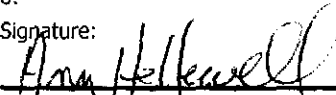
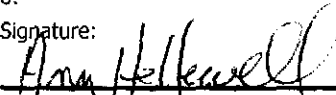


No. W 79306	Due no later than Nov 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ANDREW HELLEWELL 14942 S CARLIN BAY RD HARRISON ID 83833
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BENAN SYSTEMS LLC 14942 S CARLIN BAY RD HARRISON ID 83833		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Andrew Hellewell	14942 S. Carlin Bay Rd,	Harrison,	ID	Kootenai	83833
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Ann Hellewell	14942 S. Carlin Bay Rd,	Harrison	ID	Kootenai	83833
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 79306 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 9-29-2014 </td> </tr> <tr> <td> Name (type or print): Ann Hellewell </td> <td> Title: V. Pres </td> </tr> </table>	Signature: 	Date: 9-29-2014	Name (type or print): Ann Hellewell	Title: V. Pres
Signature: 	Date: 9-29-2014				
Name (type or print): Ann Hellewell	Title: V. Pres				

Issued 09/22/2014 by JL1
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM