No. W 152554		Due no later than Jun 30, 2018	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if need LCHP BENEFITS LLC TROY CLAYTON PO BOX 3093 IDAHO FALLS ID 83403	ded.	TROY CLAYTON 4322 E 49 S IDAHO FALLS ID 83406 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE							
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at least one Member or Manager	•				
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
MEMBER TROY CLAY		TON 4322 E 49 S		IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: TROY CLAYTON	Date: 04/24/2018				
W 152554		Name (type or print): TROY CLAYTON	Title: OWNER				
Processed 04/24/2018 * Electronically provided signatures are accepted as original signatures.							