

No. <b>J 2211</b>		<b>Due no later than Sep 30, 2014</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  NATIVE BENEFITS, LLP KIMBERLY S CHRISTENSEN PO BOX 977 HAYDEN ID 83835		JEFF R MITCHELL 2830 E POINT HAYDEN DRIVE HAYDEN 83835			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	JEFFREY M CHRISTENSEN	2830 E POINT HAYDEN DRIVE	HAYDEN	ID	USA	83835	
PARTNER	KIMBERLY S CHRISTENSEN	2830 E POINT HAYDEN DR	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of:  <b>ID J 2211</b>		6. Annual Report must be signed.* Signature: KIMBERLY CHRISTENSEN Name (type or print): KIMBERLY CHRISTENSEN Date: 12/15/2014 Title: CFO					
Processed 12/15/2014		* Electronically provided signatures are accepted as original signatures.					