No. <b>C 128172</b>		Due no later than Mar 31, 2010	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form	JOHN W HICKS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	L Ji 2	1. Mailing Address: Correct in this box if needed.  IFE & HEALTH BENEFITS, INC.  OHN W HICKS  2043 E CENTER  20 BOX 6231  COCATELLO ID 83205	2043 E CENTER POCATELLO ID 83205  3. New Registered Agent Signature:*				
RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held Nam	ne	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT JOHI	N W HICKS	P.O. BOX 6231	POCATELLO	ID	USA	83205	
5. Organized Under the Laws of:		Annual Report must be signed.*					
ID		Signature: John W Hicks	Date: 01/18/2010				
C 128172		Name (type or print): John W Hicks	Title: Owner				
Processed 01/18/2010	* Ele	* Electronically provided signatures are accepted as original signatures.					