

No. <b>W 33566</b>		<b>Due no later than Sep 30, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  MERCER HEALTH & BENEFITS LLC JOANNE MARSHALL 121 RIVER ST 8TH FL, TAX DEPT HOBOKEN NJ 07030-5704 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER MANAGER	MERCER (US) INC SHERYL P MULRAINE-HAZELL	1166 AVE OF THE AMERICAS 121 RIVER ST	NEW YORK HOBOKEN	NY NJ	USA USA	10036 07030	
5. Organized Under the Laws of:  <b>DE</b> <b>W 33566</b>		6. Annual Report must be signed.*  Signature: Sheryl P. Mulraine-Hazell Name (type or print): Sheryl P. Mulraine-Hazell  Date: 09/18/2015 Title: Asst. Vice President					
Processed 09/18/2015 * Electronically provided signatures are accepted as original signatures.							