

|                                                                                                                                                        |               |                                                                                                                                                                                           |          |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 64841</b>                                                                                                                                     |               | <b>Due no later than Jul 31, 2012</b>                                                                                                                                                     |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TEAM BENEFITS OF IDAHO, LLC<br>KARRIN ARCHER<br>12401 RIVERSIDE RD<br>CALDWELL ID 83607 |          | KARRIN L ARCHER<br>12401 RIVERSIDE RD<br>CALDWELL ID 83607 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                                           |          | 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                                                                                                                                                 | THOMAS ARCHER | 12401 RIVERSIDE RD                                                                                                                                                                        | CALDWELL | ID                                                         | USA     | 83607       |  |
| MEMBER                                                                                                                                                 | KARRIN ARCHER | 12401 RIVERSIDE RD                                                                                                                                                                        | CALDWELL | ID                                                         | USA     | 83607       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 64841</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Karrin Archer<br>Name (type or print): Karrin Archer<br>Date: 08/22/2012<br>Title: Owner/agent                                            |          |                                                            |         |             |  |
| Processed 08/22/2012                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                                 |          |                                                            |         |             |  |