

|  |                    |  |       |  |         |  |  |
|--|--------------------|--|-------|--|---------|--|--|
| No. <b>C 156116</b>  |                    | <b>Due no later than Aug 31, 2009</b><br><b>Annual Report Form</b>   |       | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |         |  |  |
| Return to:<br><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>1. Mailing Address: Correct in this box if needed.</b><br><br>ADVANCE BENEFIT CONSULTANTS, INC.<br>KATHARINE E NEWTON<br>8529 W POOL COURT<br>BOISE ID 83714<br>USA |       | ERIC L HAFF<br>1199 MAIN ST<br>BOISE ID 83702        |         |  |  |
|  |                    |  |       |  |         | 3. <u>New</u> Registered Agent Signature:* |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).  |                    |  |       |  |         |  |  |
| Office Held  | Name               | Street or PO Address   | City  | State  | Country | Postal Code                                |  |
| PRESIDENT  | KATHARINE E NEWTON | 8529 W POOL CT   | BOISE | ID   | USA     | 83714                                      |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 156116</b>  |                    | 6. Annual Report must be signed.*<br><br>Signature: Katharine E Newton<br>Name (type or print): Katharine E Newton   |       |  |         |  |  |
|  |                    | Date: 06/17/2009<br>Title: President   |       |  |         |  |  |
| Processed 06/17/2009      * Electronically provided signatures are accepted as original signatures.  |                    |  |       |  |         |  |  |