

No. C108691	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct IDAHO EMPLOYEE BENEFITS, INC RICHARD L STATEN P O BOX 1894		RICHARD L STATEN 550 SECOND ST - <i>Ste 157</i> IDAHO FALLS ID 83403
	3. Organized Under the Laws of:		ID C108691
* FIRST NOTICE * IDAHO FALLS ID 83404 1894			

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
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Add to Physical Address

Ste 157 -

<i>President + DIRECTOR</i>	<i>Richard L. Staten</i>	<i>1452 N. 1000 E.</i>	<i>Shelley</i>	<i>Idaho</i>	<i>83274</i>
<i>Secretary/Treasurer + DIRECTOR</i>	<i>Diane Roush</i>	<i>1914 W. 2000 N.</i>	<i>Rexburg</i>	<i>Idaho</i>	<i>83440</i>
<i>DIRECTOR</i>	<i>MARYLOU STATEN</i>	<i>1452 N 1000 E</i>	<i>SHELLEY</i>	<i>IDAHO</i>	<i>83274</i>
<i>DIRECTOR</i>	<i>GLENN ROUSH</i>	<i>1914 W 2000 N</i>	<i>REXBURG</i>	<i>IDAHO</i>	<i>83440</i>

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| 5. NATURE OF BUSINESS

INSURANCE SERVICES | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.
Signature <i>Richard L. Staten</i> Date <i>7-15-96</i>
Name (Typed or Printed) <i>Richard L. Staten</i> Title <i>President</i> |
|---|--|

ISSUED: 07-06-1996

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