No. c105852	Annual Report Form Due No Later Than November 30,	1995 2	. Registered Agent ar	nd Office NOT	A P.O. BOX
Return to: SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Corre	ect	LEE 3 DIL 242 N 8TH	LION St	
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	FIRST BENEFIT PLANS, IN LEE 3 DILLION 242 N 8TH ST	5	301SE	ID	83732
* FIRST NOTICE *	301SE ID 837	32	ID	C106	852
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of I Managers or I Members (check one)					
VICE PRESIDENT Wm.	Street or P.O. Address ROSEFINDLAY 145 HORIZON DI R. Schnupp Wolf Limelicht L LINE A. Schnupp 6611 Limel	dr. ,	Boise I	State LD. D	83702 83702 83703 83703
5. NATURE OF BUSINESS WHOLESALE INSURA	Signature Myseup	rt has been examplete.	Date	4/29/	st of my
ISSUED: 07-06-19		BE FINDE	17;	770	