No. <b>W 31989</b>		Due no later than Jul 31, 2012		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TRESSA SEMONS ROCKWOOD 7695 W BUCKSKIN RD POCATELLO ID 83201			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		EMPLOYEE BENEFIT ADVISORS, LLC TRESSA SEMONS ROCKWOOD 7695 W BUCKSKIN RD		POCATELLO	FOCATELLO ID 85201			
		POCATELLO ID 83201		3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Enter Na	mes and Addresses of a	it least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	TRESSA SE	MONS ROCKWOOD	7695 W BUCKSKIN RD	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 31989		Signature: Tressa S. Rockwood			Date: 06/06/2012			
		Name (type or print		Title: Owner				
Processed 06/06/2012		* Electronically provided signatures are accepted as original signatures.						