

No. W 128027		Due no later than Aug 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SAWTOOTH EMPLOYEE BENEFITS LLC PO BOX 928 BURLEY ID 83318		KYLE CARPENTER 1912 W MAIN ST BURLEY ID 83318			
NO FILING FEE IF RECEIVED BY DUE DATE				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	KYLE CARPENTER	1912 W MAIN	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: ID W 128027		6. Annual Report must be signed.* Signature: Kyle Carpenter Name (type or print): Kyle Carpenter					
		Date: 06/18/2018 Title: President					
Processed 06/18/2018 * Electronically provided signatures are accepted as original signatures.							