No. W 38900		Due no later than Apr 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SUSIE R BROCKE 280 E CORPORATE DR STE 200 MERIDIAN ID 83642 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MYRIAD BENEFITS LLC SUSIE R BROCKE 280 E CORPORATE DR, STE 200					
NO FILING FI RECEIVED BY DU	JE DATE	MERIDIAN ID 836		3. <u>New</u> Register	ed Agent S	ignature:*	
4. Limited Liability Comp. Office Held	anies: Enter Nar Name	nes and Addresses of	at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code
MEMBER		ISHI TING H C	8680 VIC LANE	MIDDLETON	ID	Courid y	83644
MEMBER	BROCKE CONSULTING LLC STEPHENSON BENEFIT SOLNS		1706 N RADCLIFFE WAY	EAGLE	ID	USA	83616
MEMBER			1204 N 23RD ST	BOISE	ID	USA	83702
MEMBER MCDANIEL BE			1109 USTICK	CALDWELL	ID	USA	83605
MEMBER	HATTABAUGH ENTERPRISES		280 E CORPORATE DR STE 200	MERIDIAN	ID	USA	83642
MEMBER THE GOSS GROUP			280 E CORPORATE DR STE 200	MERIDIAN	ID	USA	83642
MEMBER	TIERNEY CONSULTING		280 E CORPORATE DR	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: 6. Annual		6. Annual Report mus	Annual Report must be signed.*				
ID		Signature: Susie Brocke		Date: 02/23/2016			
W 38900		Name (type or print): Susie Brocke		Title: Partner			
Processed 02/23/2016 * Electronically provided signatures are accepted as original signatures.							