No. **W 143885**	**Due no later than Oct 31, 2016** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** PLAN ADVISORS, LLC CARLOS RIVERA 4898 TROPICANA AVE COOPER CITY FL 33330 USA	BILL DEAL IDAHO DEPARTMENT OF INSURANCE 700 W STATE ST FL 3 BOISE ID 83702 3. New 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
MANAGER	CARLOS RIVERA	4898 TROPICANA AVE	COOPER CITY	FL	USA	33330

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
FL **W 143885**	Signature: Carlos Rivera	Date: 08/30/2016
	Name (type or print): Carlos Rivera	Title: President

Processed 08/30/2016

* Electronically provided signatures are accepted as original signatures.