No. **W 89569**	**Due no later than Jan 31, 2015**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** KELLY ADULT BENEFITS COORDINATION, LLC KELLY LAWRENCE, M.ED. 729 W PLEASANT ST IDAHO FALLS ID 83401 USA	KELLY LAWRENCE M ED 729 W PLEASANT ST IDAHO FALLS 83401 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	KELLY LAWRENCE	729 W. PLEASANT ST.	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 89569**	Signature: Kelly Lawrence	Date: 02/13/2015
	Name (type or print): Kelly Lawrence	Title: manager

Processed 02/13/2015

* Electronically provided signatures are accepted as original signatures.