

No. W 152554		Due no later than Jun 30, 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		1. Mailing Address: Correct in this box if needed. LCHP BENEFITS LLC TROY CLAYTON PO BOX 3093 IDAHO FALLS ID 83403		TROY CLAYTON 13542 N 25TH E IDAHO FALLS ID 83401			
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	TROY CLAYTON	13542 N 25TH E	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID W 152554		6. Annual Report must be signed.* Signature: troy clayton Name (type or print): troy clayton Date: 04/29/2016 Title: owner					
Processed 04/29/2016 * Electronically provided signatures are accepted as original signatures.							