

No. W 32557	Due no later than 8/31/2009 Annual Report Form	2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HR BENEFITS & RISK MANAGEMENT, LLC PO BOX 8793 BOISE ID 83707	MARK OLSEN 2969 S GIVENS WAY MERIDIAN ID 83642 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
		Zip
Managing Member, Mark Olsen, 2969 S. Givens Way, Meridian, ID 83642		
5. Organized Under the Laws of: ID W 32557	6. Annual Report must be signed. Signature: <u>Mark D Olsen</u> Date: <u>7-22-09</u> Name(type or print): <u>MARK D. OLSEN Managing Member</u>	