

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