No. W 111001		Due no later than Feb 29, 2016		2	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO BENEFITS ADMINISTRATION, LLC STEVEN J TOBIASON 3000 E PINE AVE MERIDIAN ID 83642			STEVEN J TOBIASON 3000 E PINE AVE MERIDIAN ID 83642 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.									
Office Held Na	ame		Street or PO Address		City	State	Country	Postal Code	
I MEMBER	.UE CROSS ERVICE, INC	OF IDAHO HEALTH C.	3000 E. PINE AVENUE		MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Kathleen R Kiefer			Date: 01/12/2016				
W 111001		Name (type or print): Kathleen R Kiefer			Title: Paralegal				
Processed 01/12/2016		* Electronically provided signatures are accepted as original signatures.							