No. **W 146812**	**Due no later than Jan 31, 2016**	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.** BENEFITS INSURANCE GROUP LLC BRANDON BROWN 611 WILSON AVE STE 1 POCATELLO ID 83201	BRANDON BROWN 843 HOMESTEAD RD CHUBBUCK ID 83202 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	BRANDON BROWN	843 HOMESTEAD RD	CHUBBUCK	ID	USA	83202

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 146812**	Signature: Brandon Brown	Date: 11/13/2015
	Name (type or print): Brandon Brown	Title: Owner

Processed 11/13/2015

* Electronically provided signatures are accepted as original signatures.