No. <b>W 159655</b>		Due no later than Dec 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CHRIS MAURICE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  208BENEFITS, LLC CHRIS MAURICE 800 W MAIN ST SUITE 1460 BOISE ID 83702		BOISE ID	5923 S CHESHIRE AVE BOISE ID 83709  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CHRIS N MA		AURICE	5923 S CHESHIRE AVE	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Chris Maurice			Date: 11/10/2016			
W 159655		Name (type or print): Chris Maurice			Title: Owner			
Processed 11/10/2016 * Electronically provided signatures are accepted as original signatures.								