No. W 89771	Due no later than Jan 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		TROY M GOODWIN 86 N 760 W BLACKFOOT ID 83221			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. ASSOCIATED BENEFIT CONSULTANTS, LLC TROY M GOODWIN 86 N 760 W BLACKFOOT ID 83221					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
			3. <u>New</u> 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 Name	Street or PO A	ddress	City	State	Country	Postal Code
MEMBER TROY M GOODWIN 86 N 760 W			BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Troy M. Goodwin		Date: 12/06/2010			
W 89771	Name (type or print): Troy M. Goodwin		Title: Managing Member			
Processed 12/06/2010	* Electronically provided signatures are accepted as original signatures.					