No. <b>W 137357</b>		Due no later than Apr 30, 2015		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LEON R EDDINS 2443 N BRUINS CIRCLE BOISE 83704			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SENIOR SUPPLEMENTAL REFERRAL SERVICE, LLC LEON R EDDINS PO BOX 4453						
		BOISE ID 83711-9977		3	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	ies: Enter Naı	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER COLETTE L		EDDINS	2443 N BRUINS CIRCLE		BOISE	ID	USA	83704
5. Organized Under the Laws of:  6. Annual Report must be signed.*								
ID		Signature: Leon Eddins			Date: 02/19/2015			
W 137357		Name (type or print): Leon Eddins			Title: VP			
Processed 02/19/2015 * Electronically provided signatures are accepted as original signatures.								