

|  |   |   |  |       |         |             |
|--|---|---|--|-------|---------|-------------|
| No. <b>W 103104</b>  | <b>Due no later than May 31, 2017</b><br><b>Annual Report Form</b>  |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>                       |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>BROLLIER HEALTH INSURANCE & BENEFITS LLC<br>EUGENIA R BROLLIER<br>1111 S ORCHARD ST<br>170<br>BOISE ID 83705 |   | EUGENIA RUTH BROLLIER<br>1111 S. ORCHARD ST<br>STE 170<br>BOISE ID 83705 |       |         |             |
|  |   |   | 3. <u>New</u> 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  | EUGENIA R BROLLIER  | 1111 S ORCHARD ST STE 170   | BOISE  | ID    | USA     | 83705       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 103104</b>  | 6. Annual Report must be signed.*<br>Signature: Eugenia R. Brollier<br>Name (type or print): Eugenia R. Brollier  |   | Date: 04/27/2017<br>Title: Agent/Owner                                   |       |         |             |
| Processed 04/27/2017   |   | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |