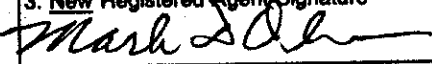
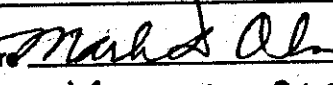


No. W 32557	Due no later than August 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HR BENEFITS & RISK MANAGEMENT, LLC PO BOX 8793 BOISE, ID 83707		MARY OLSEN MARK OLSEN 2969 S GIVENS WAY MERIDIAN, ID 83642																								
		3. New Registered Agent Signature 																									
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Managing Member</td> <td>Mark D. Olsen</td> <td>2969 S. Givens Way - Meridian</td> <td>ID</td> <td>83642</td> <td></td> </tr> <tr> <td></td> <td></td> <td>PO BOX 8793</td> <td>BOISE</td> <td>ID</td> <td>83707</td> </tr> <tr> <td>Member</td> <td>Mary Olsen</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Managing Member	Mark D. Olsen	2969 S. Givens Way - Meridian	ID	83642				PO BOX 8793	BOISE	ID	83707	Member	Mary Olsen				
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		PO BOX 8793	BOISE	ID	83707																						
Member	Mary Olsen																										
5. Organized Under the Laws of: IDAHO W 32557	6. Signature  Date 6-8-07 Name (Typed or Printed) MARK D. OLSEN Title Managing Member																										

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