No. W 128027		Due no later than Aug 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. SAWTOOTH EMPLOYEE BENEFITS LLC PO BOX 928 BURLEY ID 83318		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE					KYLE CARPENTER 1912 W MAIN ST BURLEY ID 83318 3. New Registered Agent Signature:*			
4. Limited Liability Compa		nes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER KYLE CARPENTER		NTER	1912 W MAIN		BURLEY	ID	USA	83318
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kyle Carpenter			Date: 06/16/2014			
W 128027		Name (type or print): Kyle Carpenter			Title: President			
Processed 06/16/2014 * Electronically provided signatures are accepted as original signatures.								