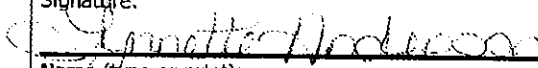


No. C 180871	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015		2. Registered Agent and Office (NOT A P.O. BOX) LYNNETTE A ANDERSON 311 E. MULLAN AVE. POST FALLS ID 83854														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NORTHWEST MANAGED BENEFITS, INC. LYNNETTE A ANDERSON 311 E. MULLAN AVE. POST FALLS ID 83854 USA																
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Lynnette Anderson</td> <td>317 N. Silkwood Dr.</td> <td>Post Falls</td> <td>ID</td> <td>United States</td> <td>83854</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Lynnette Anderson	317 N. Silkwood Dr.	Post Falls	ID	United States	83854
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Lynnette Anderson	317 N. Silkwood Dr.	Post Falls	ID	United States	83854											
5. Organized Under the Laws of: IDAHO C 180871	6. Signature:  Name (type or print): Lynnette Anderson			Date: 2/17/15 Title: President													

Issued 02/17/2015 by online