

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	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		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00				
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
President	Lynnette Anderson	317 N. Silkwood Dr.	Post Falls	ID 83854 United States
5. Organized Under the Laws of:	6.			
IDAHO C 180871	Signature: <u>Lynnette Anderson</u> Name (type or print): <u>Lynnette Anderson</u>			
Date: <u>2/17/15</u> Title: <u>President</u>				
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