

No. W 89569	Due no later than Jan 31, 2016 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. KELLY ADULT BENEFITS COORDINATION, LLC KELLY LAWRENCE, M.ED. 729 W PLEASANT ST IDAHO FALLS ID 83401	KELLY LAWRENCE M ED 729 W PLEASANT ST IDAHO FALLS ID 83401				
		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	KELLY LAWRENCE	729 W. PLEASANT ST.	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 89569	6. Annual Report must be signed.* Signature: Kelly Lawrence Name (type or print): Kelly Lawrence		Date: 12/30/2015 Title: Manager			
Processed 12/30/2015		* Electronically provided signatures are accepted as original signatures.				