

No. <b>W 94323</b>		<b>Due no later than Jun 30, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  UNIVERSAL BENEFITS, LLC LISA D. SIMONE 100 LIGHT STREET FLOOR B1 BALTIMORE MD 21202-1098 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA			
				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	ROBERT MORROW	100 LIGHT STREET FLOOR B-1	BALTIMORE	MD	USA	21202	
MANAGER	SCOTT KING	100 LIGHT STREET FLOOR B-1	BALTIMORE	MD	USA	21202	
MANAGER	KEVIN CRIST	4333 EDGEWOOD RD NE	CEDAR RAPIDS	IA	USA	52499	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>IA</b> <b>W 94323</b>		Signature: Robert Morrow				Date: 06/06/2014	
		Name (type or print): Robert Morrow				Title: Manager	
Processed 06/06/2014		* Electronically provided signatures are accepted as original signatures.					