

No. W 94323		Due no later than Jun 30, 2014 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		1. Mailing Address: Correct in this box if needed. 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			
NO FILING FEE IF RECEIVED BY DUE DATE				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: IA W 94323		6. Annual Report must be signed.* Signature: Robert Morrow Name (type or print): Robert Morrow					
		Date: 06/06/2014 Title: Manager					
Processed 06/06/2014		* Electronically provided signatures are accepted as original signatures.					