

No. **W 31094**

**Due no later than Jun 30, 2005  
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

DOUGLAS P HOLM  
2866 EAST 627 NORTH

ROBERTS, ID 83444

3. New Registered Agent Signature

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 applicable

DOUG HOLM BENEFIT GROUP, LLC

2782 EAST 500 NORTH - **P.O. Box 213**

ROBERTS, ID 83444

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held  
**Manager**

Name  
**Doug Holm**

Street or P.O. Address  
**2782 E. 500 N.**

City  
**Roberts**

State  
**ID**

Zip  
**83444**

5. Organized Under the Laws of:

IDAHO  
W 31094

6.

Signature

**Lyndsay Groady**

Date **7-18-2005**

Name (Typed or  
Printed)

**Lyndsay Groady**

Title **Admin Assistant**