| No. C 195617 | | Due no later than Aug 31, 2018 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------------------------|--|--|--------------------------------|--|----------|------------|----------------|
| Return to: | | Annual Report Form | | NATIONAL REGISTERED AGENTS INC | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. AXISPLUS BENEFITS ELLIOT SCRUGGS BURBIDGE & WHITE 102 S 200 E Suite 600 | | _ | 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | SALT LAKE CITY UT 84111 USA | | | | | | |
| 4. Corporations: Enter Nar | mes and Busin | ess Addresses o | of President, Secretary, and Directors. Trea | asurer (d | optional). | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT SECRETARY | BARBARA A SMITH PAULA J SUMMERS | | 860 E 9085 S 860 E 9085 S | | SANDY SANDY | UT UT | USA USA | 84084 84084 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| UT С 195617 | | Signature: Elliot Scruggs | | | Date: 06/20/2018 | | | |
| | | Name (type or print): Elliot Scruggs | | | Title: Attorney of Record | | | |
| Processed 06/20/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |