| No. W 83478 | | Due no later than Apr 30, 2017 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|--|----------------------|---|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CONCIERGE LIFE BENEFITS, LLC VAN CARLSON PO BOX 99 | | | VAN CARLSON 1112 W MAIN ST STE 105 BOISE ID 83702 | | | |
| | | | | N | | | | |
| | | MERIDIAN ID 83680 | | 3. <u>New</u> Regist | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | | |
| Office Held N | lame | | Street or PO Address | City | State | Country | Postal Code | |
| | | | 1112 W MAIN ST STE 105 1112 W MAIN ST STE 105 | BOISE BOISE | ID ID | USA USA | 83702 83702 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 83478 | | Signature: Var | | Date: 02/27/2017 | | | | |
| | | Name (type or | | Title: Member | | | | |
| Processed 02/27/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |