| W 4375 | Due no later than Jul 31, 2001 | 2. Registered Agent and Office NO PO BOX |
|------------------------------------|---|--|
| No | Annual Report Form | RONALD L KENNEDY |
| Return to: | 1. Mailing Address - Correct in this box, if applicable | 960 BROADWAY AVE STE 505 |
| SECRETARY OF STATE | WESTERN BENEFIT SOLUTIONS, LLC | DOIOE ID 00706 |
| 700 WEST JEFFERSON PO BOX 83720 | RONALD L KENNEDY | BOISE, ID 83706 |
| BOISE, ID 83720-0080 | 960 BROADWAY AVE STE 505 | |
| BOIOE, 15 00.20 | BOISE, ID 83706 | 3. New Registered Agent Signature |
| NO FILING FEE IF | BOISE, ID 83700 | |
| | | |
| 4. Limited Liability Compa | nies. Enter Names and Addresses of Managers. | |
| | | ity <u>State</u> <u>Zip</u> |
| Office held Name | 1 / | 6370 |
| manyer Ronken | mets 960 BROALWAY - SUITSOS @ | Boise #8 83706 |
| 5. Organized Under the Laws of: | 6. Signature | \\ Title: |
| W 4375 | Name Printed) Ron Kenneda | Thinning 3022 |
| Issued 05/09/2001 | Do Not Tape or Staple | |