

No. <b>C 101889</b>		<b>Due no later than Apr 30, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> EMPLOYEE BENEFIT MANAGEMENT SERVICES, INC. FREDERICK H LARSON PO BOX 21367 BILLINGS MT 59104		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	NICKI LARSON	2075 OVERLAND AVENUE	BILLINGS	MT	USA	59102
DIRECTOR	FREDERICK H LARSON	2075 OVERLAND AVENUE	BILLINGS	MT	USA	59102
PRESIDENT	KEVIN LARSON	2075 OVERLAND AVENUE	BILLINGS	MT	USA	59102
DIRECTOR	KIRSTEN MAILLOUX	2075 OVERLAND AVENUE	BILLINGS	MT	USA	59102
5. Organized Under the Laws of:  <b>MT C 101889</b>		6. Annual Report must be signed.* Signature: Stacey Loucks Name (type or print): Stacey Loucks Date: 02/19/2013 Title: Compliance Officer				
Processed 02/19/2013		* Electronically provided signatures are accepted as original signatures.				