No. **W 89771**	**Due no later than Jan 31, 2012**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** ASSOCIATED BENEFIT CONSULTANTS, LLC TROY M GOODWIN 86 N 760 W BLACKFOOT ID 83221	TROY M GOODWIN 86 N 760 W BLACKFOOT ID 83221 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	TROY M GOODWIN	86 N 760 W	BLACKFOOT	ID	USA	83221

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 89771**	Signature: Troy M. Goodwin	Date: 11/29/2011
	Name (type or print): Troy M. Goodwin	Title: Member

Processed 11/29/2011

* Electronically provided signatures are accepted as original signatures.