No. **W 30635**	**Due no later than May 31, 2012** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** HEALTH BENEFITS OF BOISE LLC RACHEL M JOHNSTON 3313 W CHERRY LN PMB135 MERIDIAN ID 83642 USA	RACHEL M JOHNSTON 849 E STATE ST STE 102 EAGLE ID 83616 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
MANAGER	RACHEL M JOHNSTON	3080 N MARBURG AVER	MERIDIAN	ID	USA	83646

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 30635**	Signature: Rachel Johnston	Date: 03/12/2012
	Name (type or print): Rachel Johnston	Title: Managing Member

Processed 03/12/2012

* Electronically provided signatures are accepted as original signatures.