

No. W 114548	Due no later than Jun 30, 2014 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. JHBENEFITSLLC JAMES HAMMOND 609 N SYRINGA ST STE A POST FALLS ID 83854 USA		JIM HAMMOND 609 N SYRINGA STREET POST FALLS ID 83854			
			3. <u>New</u> 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	CYNTHIA C HAMMOND	2151 N MAIN #307	COEURDALENE	ID	USA	83814
MANAGER	JAMES HAMMOND	2151 N MAIN #307	COEURDALENE	ID	USA	83814
5. Organized Under the Laws of: ID W 114548	6. Annual Report must be signed.* Signature: James Hammond Name (type or print): James Hammond		Date: 04/19/2014 Title: Manager			
Processed 04/19/2014		* Electronically provided signatures are accepted as original signatures.				