

No. W 99939		Due no later than Jan 31, 2017		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. DAILEY INSURANCE EXCHANGE LLC LUISA DAILEY 1542 S TIMESQUARE LN STE 101 BOISE ID 83709		LUISA DAILEY 1542 S TIMESQUARE LN STE 101 BOISE ID 83709			
				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	LUISA DAILEY	1542 S TIMESQUARE LN STE 101	BOISE	ID	USA	83709	
MEMBER	JOSEPH DAILEY	1542 S TIMESQUARE KN STE 101	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 99939		Signature: Luisa Dailey				Date: 11/23/2016	
		Name (type or print): Luisa Dailey				Title: Member	
Processed 11/23/2016		* Electronically provided signatures are accepted as original signatures.					