No. W 112545		Due no later than Mar 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KYLE R LINDLEY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ANTIOCH INSU KYLE R LINDLI 1513 E 2ND AV	1. Mailing Address: Correct in this box if needed. ANTIOCH INSURANCE AND ASSOCIATES, LLC KYLE R LINDLEY 1513 E 2ND AVE POST FALLS ID 83854		1513 E 2ND AVE POST FALLS ID 83854 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addresses	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER KYLE RO	POST FALLS	ID	USA	83854			
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Kyle R. Lindley		D	Date: 05/05/2015			
W 112545	Name (type or	Name (type or print): Kyle R. Lindley		Title: Owner-Agent			
Processed 05/05/2015	* Electronically pr	* Electronically provided signatures are accepted as original signatures.					