No. <b>W 185656</b>	Due no later than Jun 30, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	PARACORP INCORPORATED			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	921 S ORCHARD ST STE G BOISE ID 83705			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	J.NORICK&COMPANY INSURANCE BROKERS, LLC JOSEPH NORICK 15710 CERRERA LANE	3. New Registered Agent Signature:*			
	WELLINGTON FL 33414				
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MANAGER JOSEPH NORICK 15710 CARRERA LN		WELLINGTON	FL	USA	33414
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
R.	Signature: Joseph Norick	Date: 05/15/2018			
W 185656	Name (type or print): Joseph Norick	Title: Manager			
Processed 05/15/2018	* Electronically provided signatures are accepted as original signatures.				