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|---|----------------------------|---|--|---|-------------|----------------|----------------------|
| No. W 100778 | | Due no later than Feb 28, 2018 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 | | 1. Mailing Address: Correct in this box if needed. STRATEGIC LIFE INSURANCE PLANNERS, LLC (THE) MORIA WESTENSKOW 6194 GLENEAGLES DRIVE IDAHO FALLS ID 83401 USA | | MORIA WESTENSKOW 6194 GLENEAGLES DRIVE IDAHO FALLS ID 83401 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name MORIA D WESTENSKOW | Street or PO Address 6194 GLENEAGLES DRIVE | | City IDAHO FALLS | State ID | Country USA | Postal Code 83401 |
| 5. Organized Under the Laws of: ID W 100778 | | 6. Annual Report must be signed.* Signature: Moria Westenskow Name (type or print): Moria Westenskow Date: 01/18/2018 Title: Manager | | | | | |
| Processed 01/18/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | |