

No. W 35794		Due no later than Jan 31, 2016		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		STANLEY WAYNE DEAN 106 E PARK ST SUITE 109 MCCALL ID 83638-5064																	
		1. Mailing Address: Correct in this box if needed. STANLEY DEAN, CLU, INSURANCE & FINANCIAL SERVICES LLC STANLEY WAYNE DEAN PO BOX 2352 MCCALL ID 83638-2352		3. <u>New</u> Registered Agent Signature:*																	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>STANLEY WAYNE DEAN</td> <td>106 E PARK STREET SUITE 109</td> <td>MCCALL</td> <td>ID</td> <td>USA</td> <td>83638-5064</td> </tr> </tbody> </table>								Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MEMBER	STANLEY WAYNE DEAN	106 E PARK STREET SUITE 109	MCCALL	ID	USA	83638-5064
Office Held	Name	Street or PO Address	City	State	Country	Postal Code															
MEMBER	STANLEY WAYNE DEAN	106 E PARK STREET SUITE 109	MCCALL	ID	USA	83638-5064															
5. Organized Under the Laws of: ID W 35794		6. Annual Report must be signed.* Signature: Stanley Wayne Dean Name (type or print): Stanley Wayne Dean				Date: 01/27/2016 Title: Member															
Processed 01/27/2016		* Electronically provided signatures are accepted as original signatures.																			