No. W 78544		Due no later than Oct 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. LEAVITT GREAT WEST INSURANCE SERVICES, LLC TWILA BRINKERHOFF 216 S 200 W CEDAR CITY UT 84720 USA		Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*											
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE															
								4. Limited Liability Comp	oanies: Enter Na	mes and Addresses of a	at least one Member or Manager.				
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER	LEAVITT GRO	OUP ENTERPRISES	216 S 200 W	CEDAR CITY	UT	USA	84720								
MEMBER	MIKE TAYLOR		2345 KING AVENUE WEST SUITE A	BILLINGS	MT	USA	59102								
MEMBER	JAMES EDWARDS		3390 COLTON DRIVE UNIT A	HELENA	MT	USA	59602								
MEMBER	PATRICK GREANY		21 1ST STREET NW	CHOTEAU	MT	USA	59422								
MEMBER	SHAWN SAMUELSON		2345 KING AVENUE WEST SUITE B	BILLINGS	MT	USA	59102								
MEMBER	RICHARD MILTENBERGER		3390 COLTON DRIVE UNIT A	HELENA	MT	USA	59602								
MEMBER	BER TRAVIS CLARK		301 1ST STREET	SHELBY	MT	USA	59474								
MEMBER	SHAWN KRA	AFT	3130 SADDLE DRIVE SUITE A	HELENA	MT	USA	59601								
5. Organized Under the Laws of: 6. Annua		6. Annual Report mus	Annual Report must be signed.*												
MT		Signature: TWILA BRINKERHOFF		Date: 09/21/2015											
W 78544		Name (type or print): TWILA BRINKERHOFF		Title: ADMINISTRATIVE ASSISTANT											
Processed 09/21/2015		* Electronically provide	ed signatures are accepted as original sig	natures.											