No. W 124802		Due	e no later than May 31, 2015	2. Register	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		BRIAN	BRIAN BELL			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BELL CROSS INSURANCE LLC BRIAN BELL PO BOX 2122 IDAHO FALLS ID 83406		REXBUR	870 CAPITAL AVE REXBURG ID 83440 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER BRIAN BELL MEMBER ZACHARY SU MEMBER RYAN RASM			870 CAPITAL AVE 567 EAGLEWOOD DR 2032 W 6450 S	REXBURG REXBURG REXBURG	G ID	USA USA USA	83440 83440 83440	
5. Organized Under the Laws of:		6. Annual Report Signature: Rya		Date: (15/28/2015			
ID W 124802		Name (type or		Date: 05/28/2015 Title: member				
Processed 05/28/2015		* Electronically pr	ovided signatures are accepted as origina	al signatures.				