No. <b>W 17488</b>		Due no later than Dec 31, 2013		2. Regist	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  COLE INSURANCE, L.L.C.  ROSS A COLE 612 MAIN ST  SALMON ID 83467		612 M SALM	BRUCE A COLE 612 MAIN ST SALMON ID 83467  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar			least one Member or Manager					
Office Held	Name	nes and Addresses of at	Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER MEMBER	BRUCE A COLE MELISSA J COLE ROSS A COLE		114 NORTH ANDREWS ST 114 NORTH ANDREWS ST 114 NORTH ANDREWS ST	SALMO SALMO SALMO	N ID N ID	USA USA USA	83467 83467 83467	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 17488		Signature: Ross A Cole Name (type or print): Ross A Cole			Date: 12/26/2013 Title: Member			
Processed 12/26/2013 * Electronically provided signatures are accepted as original signatures.								