| No. W 132351 | | Due no later than Dec 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MCQUEEN INSURANCE, LLC CODY MCQUEEN 149 3RD AVE E TWIN FALLS ID 83301 | 149 3RD AVE TWIN FALLS | CODY MCQUEEN 149 3RD AVE E TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Fator Nar | | mes and Addresses of at least one Member or Manager. | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MEMBER CODY MCQL | | IEEN 149 3RD AVENUE EAST | TWIN FALLS | ID | USA | 83301-6250 |
| 5. Organized Under the Laws of: ID W 132351 | | 6. Annual Report must be signed.* Signature: Coedy McQueen Name (type or print): Coedy McQueen | Date: 10/26/2016 Title: Member | | | |
| Processed 10/26/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |