

No. W 82721		Due no later than Mar 31, 2018		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 1. Mailing Address: Correct in this box if needed. CROPUSA INSURANCE SERVICES, LLC R JOHN TAYLOR PO BOX 538 LEWISTON ID 83501		R JOHN TAYLOR 403 CAPITAL ST LEWISTON ID 83501			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	R JOHN TAYLOR	PO BOX 538	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 82721		Signature: R John Taylor				Date: 01/25/2018	
		Name (type or print): R John Taylor				Title: manager	
Processed 01/25/2018		* Electronically provided signatures are accepted as original signatures.					