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| No. W 109659 | | Due no later than Dec 31, 2016 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. IDAHO INSURANCE LLC JON J GLANZMAN PO BOX 550 CALDWELL ID 83606 | | JON J GLANZMAN 1117 CLEVELAND BLVD CALDWELL ID 83605-8360 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name JON J GLANZMAN | Street or PO Address 1117 CLEVELAND BLVD | | City CALDWELL | State ID | Country USA | Postal Code 83605 |
| 5. Organized Under the Laws of: ID W 109659 | | 6. Annual Report must be signed.* Signature: Jon Glanzman Name (type or print): Jon Glanzman Date: 01/13/2017 Title: Principal | | | | | |
| Processed 01/13/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |