No. W 85884		Due no later than Aug 31, 2015 2. Registered Agent and Address (NO PO B					
Return to:		Annual Report Form	R MICHAEL	R MICHAEL COOK 189 W 9000 S REXBURG ID 83440 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COOK INSURANCE GROUP LLC MIKE COOK 189 W 9000 S REXBURG ID 83440	REXBURG II				
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Limited Liability Cor	mpanies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	MIKE COOK	189 WEST 9000 SOUTH	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Mike Cook	Date: 07/07/2015				
W 85884		Name (type or print): Mike Cook	Title: Member				
Processed 07/07/2015 * Electronically provided signatures are accepted as original signatures.							