

No. W 417		Due no later than Jul 31, 2014		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		CASEY S KRIVOR 313 N SECOND AVE SANDPOINT ID 83864			
		1. Mailing Address: Correct in this box if needed. INDEPENDENT MORTGAGE LTD. CO. CASEY S KRIVOR PO BOX 905 SANDPOINT ID 83864		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	STEVEN G LAZAR	PO BOX 1023	SANDPOINT	ID	USA	83864	
MANAGER	CASEY S KRIVOR	PO BOX 905	SANDPOINT	ID	USA	83864	
MANAGER	DAN S JACOBSON	PO BOX 905	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 417		Signature: Casey Krivor			Date: 05/12/2014		
		Name (type or print): Casey Krivor			Title: Manager		
Processed 05/12/2014		* Electronically provided signatures are accepted as original signatures.					