No. <b>W 141526</b>				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.  RASMUSSEN INSURANCE AND FINANCIAL LLC BETTY K RASMUSSEN 62436 MINK LANE SUMMERVILLE OR 97876			IDAHO DEPTARTMENT OF INSURANCE BILL DEAL 700 W STATE ST FL 3 BOISE ID 83702  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar			es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	BETTY RASI	MUSSEN	62436 MINK LANE		SUMMERVILLE	OR	USA	97876
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
OR W 141526		Signature: Betty Rasmussen			Date: 09/28/2017			
		Name (type or print): Betty Rasmussen			Title: Owner			
Processed 09/28/2017		* Electronically provided signatures are accepted as original signatures.						