FILED EFFECTIVE

No. W 97734	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2012	2. Registered Agent and Office (NOT A P.O. BOX) ~~STEVE WEBB~~ Geoffery Zellers ~~120 N 4010 E~~ 343 E. 4th N. # 122 ~~RIGBY ID 83442~~ Rexburg ID 83440
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. IPA INSURANCE SERVICES LLC ~~120 N 4010 E~~ 343 E. 4th N. # 122 ~~RIGBY ID 83442~~ Rexburg ID 83440	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☒ Member ☒	Geoffery Zellers	605 Terra Vista Drive	Rexburg	ID		83440
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 97734	Name (type or print): Geoffery R. Zellers	3-28-13 Title: Manager

Issued 03/28/2013 by SLD

FILING INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM