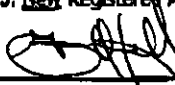


FILED EFFECTIVE

No. W 97734 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2012 1. Mailing Address: Correct in this box if needed. IPA INSURANCE SERVICES LLC 120 N 4010 E 343 E. 4th N. # 122 REIDY ID 83442 Rexburg ID 83440	2. Registered Agent and Office (NOT A P.O. BOX) STEVE WEBB Geoffrey Zellers 120 N 4010 E 343 E. 4th N. # 122 REIDY ID 83442 Rexburg ID 83440 3. <u>New</u> Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☒</td> <td>Geoffrey Zellers</td> <td>605 Terravista Drive</td> <td>Rexburg</td> <td>ID</td> <td></td> <td>83440</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☒	Geoffrey Zellers	605 Terravista Drive	Rexburg	ID		83440	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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