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|--|---------------|---|-------------|---|---------|-------------|--|
| No. W 24571 | | Due no later than Jun 30, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. PAGE INSURANCE, LLC JOHN S. PAGE 2647 E 14TH N SUITE A IDAHO FALLS ID 83401 | | JOHN PAGE 2647 E 14TH N SUITE A IDAHO FALLS ID 83401-8340 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | JOHN S PAGE | 2647 E 14TH N SUITE A | IDAHO FALLS | ID | 83404 | | |
| MANAGER | SIDNEY B PAGE | 880 S PARK | SHELLEY | ID | 83274 | | |
| 5. Organized Under the Laws of: ID W 24571 | | 6. Annual Report must be signed.* Signature: john page Name (type or print): john page | | | | | |
| | | Date: 05/04/2017 Title: president | | | | | |
| Processed 05/04/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |