

No. <b>W 36086</b>		<b>Due no later than Jan 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  BALLARD INSURANCE GROUP, LLC RUDEY BALLARD 147 N 2ND EAST STE 1 REXBURG ID 83440		RUDEY BALLARD 147 N 2ND E STE 1 REXBURG ID 83440			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name RUDEY L BALLARD	Street or PO Address 147 N 2ND E STE 1		City REXBURG	State ID	Country	Postal Code 83440
5. Organized Under the Laws of:  <b>ID</b> <b>W 36086</b>		6. Annual Report must be signed.*  Signature: Rudey Ballard Name (type or print): Rudey Ballard  Date: 11/28/2016 Title: Member					
Processed 11/28/2016      * Electronically provided signatures are accepted as original signatures.							