No. **W 9385**	**Due no later than Jul 31, 2014**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** KRUSE INSURANCE OF IDAHO FALLS, LLC DELMER G MCNARY 369 CRESTVIEW DR TWIN FALLS ID 83301	DEL MCNARY 369 CRESTVIEW DR TWIN FALLS ID 83301 3. New 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
MEMBER	DEL MCNARY	376 S FREEMAN	IDAHO FALLS	ID	USA	83401
MEMBER	BETSEY MCNARY	376 S FREEMAN	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 9385**	Signature: Delmer McNary	Date: 06/08/2014
	Name (type or print): Delmer McNary	Title: Member

Processed 06/08/2014

* Electronically provided signatures are accepted as original signatures.