| No. W 77138 | | Due no later than Aug 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. PONDEROSA INSURANCE AGENCY, LLC DOUGLAS M BELL 2721 N CENTRAL AVE PHOENIX AZ 85004 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:* | | | |
|--|-----------------------------------|---|--|-----------------------|--|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | | | 921 S ORCH | | | | |
| | | | | 3. <u>New</u> Registe | | | | |
| 4. Limited Liability Compar | nies: Enter Nar | mes and Address | ses of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER MANAGER | DOUGLAS M BELL BLAKE P JOHNSON | | 2721 N. CENTRAL AVE 2721 N. CENTRAL AVE | PHOENIX PHOENIX | AZ AZ | USA USA | 85004 85004 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| AZ W 77138 | | Signature: DOUGLAS M BELL Date: 08/05/2015 | | | | | | |
| | | Name (type | or print): DOUGLAS M BELL | | Title: MANAGER | | | |
| Processed 08/05/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |