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| No. W 56172 | | Due no later than Nov 30, 2016 | | 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. ALL COVERAGE INSURANCE LLC KACY LEE GEHRING 104 IDAHO ST STE A AMERICAN FALLS ID 83211 | | KACY LEE GEHRING 104 IDAHO ST STE A AMERICAN FALLS ID 83211 | |
| | | | | 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 |
| MEMBER | KACY LEE GEHRING | 2590 QUIGLEY RD | AMERICAN FALLS | ID | 83211 |
| 5. Organized Under the Laws of: ID W 56172 | | 6. Annual Report must be signed.* Signature: KACY GEHRING Name (type or print): KACY GEHRING Date: 10/07/2016 Title: MEMBER | | | |
| Processed 10/07/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |