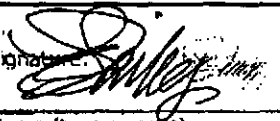


4/27/2015

W 99939

<p>No. <b>W 99939</b></p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p><b>REINSTATEMENT FEE DUE: \$30.00</b></p>	<p align="center"><b>Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015</b></p> <p><b>1. Mailing Address: Correct in this box if needed.</b></p> <p>DAILEY INSURANCE EXCHANGE LLC LUISA DAILEY 1542 S TIMESQUARE LN STE 101 BOISE ID 83709</p>	<p><b>2. Registered Agent and Office (NOT A P.O. BOX)</b></p> <p>LUISA DAILEY 1542 S TIMESQUARE LN STE 101 BOISE ID 83709</p> <p><b>3. <u>New</u> Registered Agent Signature.</b></p>																																			
<p><b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b></p> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>LUISA DAILEY</td> <td>1542 S TIMESQUARE LANE</td> <td>BOISE</td> <td>ID</td> <td></td> <td>83709</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JOSEPH DAILEY</td> <td>1542 S TIMESQUARE LANE</td> <td>BOISE</td> <td>ID</td> <td></td> <td>83709</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	LUISA DAILEY	1542 S TIMESQUARE LANE	BOISE	ID		83709	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	JOSEPH DAILEY	1542 S TIMESQUARE LANE	BOISE	ID		83709	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p><b>5. Organized Under the Laws of:</b></p> <p align="center"><b>IDAHO W 99939</b></p>	<p><b>6. Signature:</b> </p> <p><small>Digitally signed by Luisa Dailey DN: cn=Luisa Dailey, o=Dailey Insurance Exchange LLC, ou=ID, email=luisa.dailey@daileyins.com, c=US</small></p> <p><b>Name (type or print):</b> LUISA DAILEY</p> <p><b>Date:</b> 04/27/2015</p> <p><b>Title:</b> AGENT/PRINCIPAL</p>																																				

Issued 04/27/2015 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected