No. **W 99939**	**Due no later than Jan 31, 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.** DAILEY INSURANCE EXCHANGE LLC LUISA DAILEY 1542 S TIMESQUARE LN STE 101 BOISE ID 83709	LUISA DAILEY 1542 S TIMESQUARE LN STE 101 BOISE ID 83709 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	LUISA DAILEY	1542 S TIMESQUARE LN STE 101	BOISE	ID	USA	83709
MEMBER	JOSEPH DAILEY	1542 S TIMESQUARE KN STE 101	BOISE	ID	USA	83709

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 99939**	Signature: Luisa Dailey	Date: 11/16/2015
	Name (type or print): Luisa Dailey	Title: Agent Principal

Processed 11/16/2015

* Electronically provided signatures are accepted as original signatures.