

No. W 100491		Due no later than Feb 28, 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. LANDERS INSURANCE LLC. PAUL C LANDERS 816 SHERMAN AVE STE 1 COEUR D ALENE ID 83814 USA		PAUL LANDERS 816 SHERMAN AVE STE 1 COEUR D ALENE ID 83814	
				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	PAUL C LANDERS	816 SHERMAN AVE STE 1	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 100491		6. Annual Report must be signed.* Signature: Paul Landers Name (type or print): Paul Landers Date: 12/14/2013 Title: Owner			
Processed 12/14/2013		* Electronically provided signatures are accepted as original signatures.			