No. **W 133030**	**Due no later than Jan 31, 2016** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** CB INSURANCE, LLC CLIFF RAAK 1 SOUTH NEVADA AVE STE 105 COLORADO SPRINGS CO 80903	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 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
MANAGER	STEVE SCHNEIDER	1 SOUTH NEVADA AVE STE 105	COLORADO SPRINGS	CO	USA	80903
MANAGER	SANDY MCNALLIE	1 SOUTH NEVADA AVE STE 105	COLORADO SPRINGS	CO	USA	80903

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
CO **W 133030**	Signature: SANDY MCNALLIE	Date: 12/30/2015
	Name (type or print): SANDY MCNALLIE	Title: MANAGER

Processed 12/30/2015

* Electronically provided signatures are accepted as original signatures.