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|--|----------------|---|----------|--|---------|-------------|--|
| No. W 146753 | | Due no later than Jan 31, 2017 | | 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. GARY OSNOWER LIFE AND HEALTH INSURANCE, LLC GARY OSNOWER 346 WEST HESTON COURT MERIDIAN ID 83646 USA | | GARY OSNOWER 346 WEST HESTON COURT MERIDIAN ID 83646 | | | |
| | | | | 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 | |
| MANAGER | GARY L OSNOWER | 346 WEST HESTON COURT | MERIDIAN | ID | USA | 83646 | |
| 5. Organized Under the Laws of: ID W 146753 | | 6. Annual Report must be signed.* Signature: Gary Osnowor Name (type or print): Gary Osnowor Date: 11/19/2016 Title: Manager | | | | | |
| Processed 11/19/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |