

No. W 160243		Due no later than Dec 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		1. Mailing Address: Correct in this box if needed. JONES & JONES HEALTH INSURANCE SOLUTIONS, LLC CHRISTINE A JONES 8586 W. CARBON COURT BOISE ID 83709-5195 USA		CHRISTINE A JONES 8586 W. CARBON COURT BOISE ID 83709-5195			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name RICHARD L. JONES	Street or PO Address 8586 W. CARBON COURT		City BOISE	State ID	Country USA	Postal Code 83709-5195
5. Organized Under the Laws of: ID W 160243		6. Annual Report must be signed.* Signature: Christine A. Jones Name (type or print): Christine A. Jones Date: 01/25/2017 Title: Principal					
Processed 01/25/2017 * Electronically provided signatures are accepted as original signatures.							