No. W 141526		Annual Report Form 1. Mailing Address: Correct in this box if needed. RASMUSSEN INSURANCE AND FINANCIAL LLC BETTY K RASMUSSEN 308 3RD ST			2. Registered Agent and Address (NO PO BOX)			
Return to:				IDAHO DEPTARTMENT OF INSURANCE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				BILL DEAL 700 W STATE ST FL 3 BOISE ID 83702 3. New Registered Agent Signature:*				
NO FILING RECEIVED BY	DUE DATE							
Office Held	mpanies: Enter Na Name	mes and Addres	ses of at least one Member or Manager. Street or PO Address		City	State	Country	Postal Code
MEMBER	BETTY RAS	MUSSEN	308 3RD ST		LA GRANDE3	OR	USA	97850
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
OR W 141526		Signature: Betty Rasmussen			Date: 08/22/2015			
		Name (type or print): Betty Rasmussen			Title: Owner			
Processed 08/22/2015	5	* Electronically	provided signatures are accepted as origin	nal signa	atures.			