

No. <b>W 113710</b>		Due no later than May 31, 2016 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> COGSWELL INSURANCE AGENCY LLC DIANNE L MEINHARDT PO BOX 2009 GREAT FALLS MT 59403-2009		NATIONAL CORPORATE RESEARCH LT 921 S ORCHARD ST STE G BOISE ID 83705	
				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	DIANNE L. MEINHARDT	800 9 ST S PO BOX 2009	GREAT FALLS	MT	USA 59403-2009
5. Organized Under the Laws of:  <b>MT W 113710</b>		6. Annual Report must be signed.* Signature: Dianne L Meinhardt Name (type or print): Dianne L Meinhardt Date: 04/13/2016 Title: Managing Member			
Processed 04/13/2016		* Electronically provided signatures are accepted as original signatures.			