

No. W 117434	Due no later than Sep 30, 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.		R JOHN TAYLOR 111 MAIN ST LEWISTON ID 83501			
	REINSURANCE PARTNERS, LLC R JOHN TAYLOR PO BOX 538 LEWISTON ID 83501		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	R JOHN TAYLOR	PO BOX 538	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID W 117434	6. Annual Report must be signed.*					
		Signature: R john Taylor	Date: 07/27/2016			
		Name (type or print): R john Taylor	Title: Manager			
Processed 07/27/2016		* Electronically provided signatures are accepted as original signatures.				