No. W 189975	Due no later than Oct 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		ALFRED MECKEL			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. MECKEL FAMILY INSURANCE COMPANY LLC ALFRED MECKEL 1602 E SELTICE WAY STE D			1602 E SELTICE WAY POST FALLS ID 83854		
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			FOST FALLS ID 63634			
	POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 ALFRED JOE MECKEL 8575 WEST ARIZONA STREET		RATHDRUM	ID	USA	83858	
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Alfred J Meckel		Date: 08/20/2018			
W 189975	Name (type or print): Alfred J Meckel		Title: Agent			
Processed 08/20/2018	* Electronically provided signatures are accepted as original signatures.					