


No. W 131822	Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015		2. Registered Agent and Office (NOT A P.O. BOX) BRIAN M MCKELLAR 1535 E LINCOLN RD IDAHO FALLS ID 83401 12 W. Main #5 Rexburg, ID 83440																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MCKELLAR INSURANCE, LLC BRIAN M MCKELLAR 1535 E LINCOLN RD 12 W. Main #5 IDAHO FALLS ID 83401 Rexburg, ID 83440		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Brian McKellar</td> <td>12 W. Main #5</td> <td>Rexburg</td> <td>ID</td> <td>Madison</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Brian McKellar	12 W. Main #5	Rexburg	ID	Madison	83440	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 131822</div>		6. Signature:  <hr/> Name (type or print): <u>Brian McKellar</u> <hr/> <div style="text-align: right;"> Date: <u>4/15/15</u> <hr/> Title: <u>President</u> </div>																																				
Issued 04/15/2015 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM