

| | | | | | | | |
|--|--------------------------------|--|------------|--|---------|------------------------------|--|
| No. W 181324 | | Due no later than Apr 30, 2018 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MOUNTAIN AMERICA INSURANCE SERVICES, LLC DENNIS FREIRE 95 W HARDING AVE STE B CEDAR CITY UT 84720 | | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 | | | |
| | | | | 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 | |
| MEMBER | MOUNTAIN AMERICA FINANCIAL SER | 95 W HARDING AVE | CEDAR CITY | UT | USA | 84720 | |
| MEMBER | LEAVITT LINK SERVICES | 95 W HARDING AVE | CEDAR CITY | UT | USA | 84720 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| UT W 181324 | | Signature: Katie Bearnson | | | | Date: 03/14/2018 | |
| | | Name (type or print): Katie Bearnson | | | | Title: Compliance Specialist | |
| Processed 03/14/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |