

No. W 133294	Due no later than Jan 31, 2017 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. NETWORKED INSURANCE AGENTS LLC TANYA PALACIO 443 CROWN POINT CIRCLE, STE. A GRASS VALLEY CA 95945		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
MANAGER	KELLY MCRAE	443 CROWN POINT CIRCLE, STE. A	GRASS VALLEY	CA	USA	95945
MANAGER	LARRY OSLIE	443 CROWN POINT CIRCLE, STE. A	GRASS VALLEY	CA	USA	95945
MANAGER	GEORGE BIANCARDI	443 CROWN POINT CIRCLE, STE. A	GRASS VALLEY	CA	USA	95945
5. Organized Under the Laws of: CA W 133294	6. Annual Report must be signed.* Signature: GEORGE BIANCARDI Name (type or print): GEORGE BIANCARDI		Date: 01/10/2017 Title: MANAGER			
Processed 01/10/2017		* Electronically provided signatures are accepted as original signatures.				