

No. W 24571	Due no later than Jun 30, 2018 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. PAGE INSURANCE, LLC JOHN S. PAGE 2647 E 14TH N SUITE A IDAHO FALLS ID 83401		JOHN PAGE 2647 E 14TH N SUITE A IDAHO FALLS ID 83401-8340			
			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	SIDNEY B PAGE	880 S PARK	SHELLEY	ID		83274
5. Organized Under the Laws of: ID W 24571	6. Annual Report must be signed.* Signature: Sid Page Name (type or print): Sid Page		Date: 05/10/2018 Title: Manager			
Processed 05/10/2018		* Electronically provided signatures are accepted as original signatures.				