No. **W 100778**	**Due no later than Feb 28, 2017**	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.** STRATEGIC LIFE INSURANCE PLANNERS, LLC (THE) MORIA WESTENSKOW 441 S 3RD E REXBURG ID 83440	MORIA WESTENSKOW 441 S 3RD E REXBURG ID 83440 3. New 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	MORIA D WESTENSKOW	441 S 3RD E PO BOX 282	REXBURG	ID	USA	83440

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 100778**	Signature: Moria Westenskow	Date: 12/23/2016
	Name (type or print): Moria Westenskow	Title: Manager

Processed 12/23/2016

* Electronically provided signatures are accepted as original signatures.