

No. W 9385		Due no later than Jul 31, 2012 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		1. Mailing Address: Correct in this box if needed. KRUSE INSURANCE OF IDAHO FALLS, LLC DELMER G MCNARY 369 CRESTVIEW DR TWIN FALLS ID 83301		DEL MCNARY 369 CRESTVIEW DR TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				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	DELMER MCNARY	369 CRESTVIEW DR	TWIN FALLS	ID	USA	83301	
MEMBER	BETSEY MCNARY	369 CRESTVIEW DR	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 9385		6. Annual Report must be signed.* Signature: Delmer McNary Name (type or print): Delmer McNary					
		Date: 05/15/2012 Title: Member					
Processed 05/15/2012 * Electronically provided signatures are accepted as original signatures.							