

No. W 36086		Due no later than Jan 31, 2016		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. BALLARD INSURANCE GROUP, LLC RUDEY BALLARD 147 N 2ND EAST STE 1 REXBURG ID 83440		RUDEY BALLARD 147 N 2ND E STE 1 REXBURG ID 83440	
				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	RUDEY L BALLARD	147 N 2ND E STE 1	REXBURG	ID	83440
5. Organized Under the Laws of: ID W 36086		6. Annual Report must be signed.* Signature: Rudey Ballard Name (type or print): Rudey Ballard Date: 11/17/2015 Title: Managing Member			
Processed 11/17/2015		* Electronically provided signatures are accepted as original signatures.			