| No. W 113266 | | Due no later than Apr 30, 2017 | 2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:* | | | | |
|--|---|--|--|-------|---------|-------------|--|
| Return to: | | Annual Report Form | | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. FLINT HILLS INSURANCE AGENCY, LLC STEVE O'HERN 5200 METCALF AVE OVERLAND PARK KS 66202-1265 | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Com | panies: Enter Nai | nes and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | STEVE O'HE | RN 5200 METCALF AVE | OVERLAND PARK | KS | USA | 66202-1265 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| мо | | Signature: Jeremy Messerly | Date: 04/27/2017 | | | | |
| W 113266 | | Name (type or print): Jeremy Messerly | Title: Vice President | | | | |
| Processed 04/27/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | |