No. W 133030		Due	e no later than Jan 31, 2017	2. Registered A	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. CB INSURANCE, LLC CLIFF RAAK 1 SOUTH NEVADA AVE STE 105 COLORADO SPRINGS CO 80903		12550 W EXI BOISE ID 8	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*			
4. Limited Liability Co	ompanies: Enter Nar	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	STEVE SCHNEIDER		1 SOUTH NEVADA AVE STE 105	COLORADO SPRINGS	СО	USA	80903	
MANAGER	SANDY MCNALLIE		1 SOUTH NEVADA AVE STE 105	COLORADO SPRINGS	СО	USA	80903	
5. Organized Under the Laws of: 6		6. Annual Report must be signed.*						
CO W 133030		Signature: SAI		Date: 12/12/2016				
		Name (type or print): SANDY MCNALLIE			Title: MANAGER			
Processed 12/12/20	16	* Electronically pr	ovided signatures are accepted as original	signatures.				