

No. W 98674		Due no later than Dec 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. BENNETT & PORTER INSURANCE SERVICES, LLC 3200 N. HAYDEN RD., SUITE 310 SCOTTSDALE AZ 85251		INCORP SERVICES, INC. 1310 S VISTA AVE STE 27 BOISE ID 83705			
				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	
MANAGER	JACK BENNETT	3200 N. HAYDEN RD., SUITE 310	SCOTTSDALE	AZ	USA	85251	
5. Organized Under the Laws of: AZ W 98674		6. Annual Report must be signed.* Signature: Jack Bennett Name (type or print): Jack Bennett Date: 12/29/2016 Title: Manager					
Processed 12/29/2016		* Electronically provided signatures are accepted as original signatures.					