

No. W 133294		Due no later than Jan 31, 2018		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		1. Mailing Address: Correct in this box if needed. NETWORKED INSURANCE AGENTS LLC 443 CROWN POINT CIRCLE SUITE A GRASS VALLEY CA 95945		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G 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	SCOTT M. PURVIANCE	443 CROWN POINT CIRCLE SUITE A	GRASS VALLEY	CA	USA	95945	
MANAGER	MICHAEL STEVEN DECARLO	443 CROWN POINT CIRCLE SUITE A	GRASS VALLEY	CA	USA	95945	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
CA W 133294		Signature: Kelly Lettmann				Date: 12/07/2017	
		Name (type or print): Kelly Lettmann				Title: POA	
Processed 12/07/2017		* Electronically provided signatures are accepted as original signatures.					