

No. W 24571		Due no later than Jun 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PAGE INSURANCE, LLC JOHN S. PAGE 1182 E 17TH ST IDAHO FALLS ID 83404 USA		JOHN PAGE 1182 E 17TH ST. IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE				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	JOHN S PAGE	1341 E 17TH ST	IDAHO FALLS	ID	USA	83404	
MANAGER	SIDNEY B PAGE	880 S PARK	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of: ID W 24571		6. Annual Report must be signed.* Signature: John Page Name (type or print): John Page					
		Date: 04/17/2014 Title: President					
Processed 04/17/2014		* Electronically provided signatures are accepted as original signatures.					