No. <b>W 159233</b>		Due no later than Dec 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  GEHRING INSURANCE, L.L.C. 2 TOPAZ POINT AMERICAN FALLS ID 83211		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				GARY W GEHRING 2 TOPAZ POINT AMERICAN FALLS ID 83211  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE							
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
MEMBER	GARY W GE	EHRING	2 TOPAZ POINT	AMERICAN FALLS	ID	USA	83211
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: GARY W. (	Date: 11/29/2017				
W 159233		Name (type or print):	Title: MEMBER				
Processed 11/29/2017 * Electronically provided signatures are accepted as original signatures.							