

No. W 82721		Due no later than Mar 31, 2015 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. CROPUSA INSURANCE SERVICES, LLC R JOHN TAYLOR PO BOX 538 LEWISTON ID 83501		R JOHN TAYLOR 111 MAIN ST LEWISTON 83501			
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	R JOHN TAYLOR	PO BOX 538	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID W 82721		6. Annual Report must be signed.* Signature: R. John Taylor Name (type or print): R. John Taylor					
		Date: 01/20/2015 Title: Manager					
Processed 01/20/2015 * Electronically provided signatures are accepted as original signatures.							