

No. W 9385		Due no later than Jul 31, 2015		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		DEL MCNARY 369 CRESTVIEW DR TWIN FALLS ID 83301	
		1. Mailing Address: Correct in this box if needed. KRUSE INSURANCE OF IDAHO FALLS, LLC DELMER G MCNARY 369 CRESTVIEW DR TWIN FALLS ID 83301		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
MEMBER	DEL MCNARY	376 S FREEMAN	IDAHO FALLS	ID	83401
MEMBER	BETSEY MCNARY	376 S FREEMAN	IDAHO FALLS	ID	83401
5. Organized Under the Laws of: ID W 9385		6. Annual Report must be signed.* Signature: Delmer G McNary Name (type or print): Delmer G McNary			
Date: 05/28/2015 Title: Member					
Processed 05/28/2015		* Electronically provided signatures are accepted as original signatures.			