| No. <b>W 168</b>   |                     | Due no later than Jan 31, 2016   |   | 2. Registered Agent and Address (NO PO BOX)  |                  |         |             |
|--|---------------------|--|---|--|------------------|---------|-------------|
| Return to:   |                     | Annual Report Form   |   | DWAIN H STUFFLEBEAM 195 S BROADWAY BLACKFOOT ID 83221  3. New Registered Agent Signature:* |                  |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                     | 1. Mailing Address: Correct in this box if needed.  TITLE FINANCIAL GROUP, AN IDAHO LIMITED LIABILITY COMPANY DWAIN H STUFFLEBEAM P O BOX 580 BLACKFOOT ID 83221  mes and Addresses of at least one Member or Manager. |   |  |                  |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar  |                     |  |   |  |                  |         |             |
| Office Held  | Name                |  | Street or PO Address                          | City   | State            | Country | Postal Code |
| MANAGER  | DWAIN H STUFFLEBEAM |  | 195 SOUTH BROADWAY P.O. BOX 580               | BLACKFOOT  | ID               |         | 83221       |
| 5. Organized Under the Laws of:  |                     | 6. Annual Report must be signed.*  |   |  |                  |         |             |
| ID   |                     | Signature: DWAIN H STUFFLEBEAM   |   |  | Date: 11/18/2015 |         |             |
| W 168  |                     | Name (type or print): DWAIN H STUFFLEBEAM  |   |  | Title: MANAGER   |         |             |
| Processed 11/18/2015   |                     | * Electronically provi   | ded signatures are accepted as original signa | atures.  |                  |         | _           |