

No. <b>W 130849</b>		<b>Due no later than Nov 30, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> AMERIFAMILY INSURANCE LLC LINDA FOX 12722 S BLACKBOB OLATHE KS 66062		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
				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	JAMES SWEENEY	12722 S BLACKBOB	OLATHE	KS	USA	66062	
5. Organized Under the Laws of: <b>UT</b> <b>W 130849</b>		6. Annual Report must be signed.* Signature: Venae Jewett Name (type or print): Venae Jewett					
		Date: 09/22/2017 Title: COO					
Processed 09/22/2017		* Electronically provided signatures are accepted as original signatures.					