No. W 159233 Return to:		Due no later than Dec 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX) GARY W GEHRING			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GEHRING INSURANCE, L.L.C. 2 TOPAZ POINT AMERICAN FALLS ID 83211		2 TOPAZ POINT AMERICAN FALLS ID 83211 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered	Agent 3	ignature.	
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 GEHRING		2 TOPAZ POINT	AMERICAN FALLS	S ID	USA	83211
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Gary W. Gehring		Date: 11/08/2016			
W 159233		Name (type or print): Gary W. Gehring		Title: member			
Processed 11/08/2016 * Electronically provided signatures are accepted as original signatures.							