

No. W 82225		Due no later than Mar 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 1. Mailing Address: Correct in this box if needed. ACORA SURETY & INSURANCE SERVICES, LLC JACK ANDERSON GOLDLEAF FINANCIAL, LTD PO BOX 506 MONTEVIDEO MN 56265 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE 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	
MANAGER	GOLDLEAF FINANCIAL	3246 E HWY 7, SUITE 150	MONTEVIDEO	MN	USA	56265	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
MN W 82225		Signature: Jack Anderson				Date: 01/24/2015	
		Name (type or print): Jack Anderson				Title: President of Manager	
Processed 01/24/2015		* Electronically provided signatures are accepted as original signatures.					