

FILED EFFECTIVE

No. W 97734	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720 0090 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. IPA INSURANCE SERVICES LLC 343 E 4TH N #122 147 N. 2nd E. # 4 REXBURG ID 83440 Rexburg ID 83440	2. Registered Agent and Office (NOT A P.O. BOX) GEOFFERY ZELLERS 343 E 4TH N #122 REXBURG ID 83440																																			
		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager ☒ Member ☐</td><td>Geoffery Zellers</td><td>147 N 2nd E #4</td><td>Rexburg</td><td>ID</td><td>USA</td><td>83440</td></tr><tr><td>Manager ☐ Member ☐</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager ☐ Member ☐</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager ☐ Member ☐</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☐	Geoffery Zellers	147 N 2nd E #4	Rexburg	ID	USA	83440	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 97734	6. Signature:  Name (type or print): <u>Geoffery Zellers</u>	Date: <u>5/20/15</u> Title: <u>member/manager</u>																																			
Issued 05/20/2015 by online																																					