

No. W 19712		Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2016		2. Registered Agent and Office (NOT A P.O. BOX) JAMES D DICKINSON 609 N SYRINGA ST POST FALLS ID 83877	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GLACIER INSURANCE SERVICES LLC JAMES D DICKINSON 609 N SYRINGA STREET POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member Name Street or PO Address City State Country Postal Code					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> JAMES D DICKINSON 609 N SYRINGA STREET POST FALLS ID 83854					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> JAMES E DICKINSON INSURANCE INC 609 N SYRINGA STREET POST FALLS ID 83854					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> RYAN BARNES 609 N SYRINGA STREET POST FALLS ID 83854					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> DONALD K. KLINE 609 N SYRINGA STREET POST FALLS ID 83854					
5. Organized Under the Laws of: IDAHO W 19712		6. Signature: _____ Date: <u>10/4/16</u> Name (type or print): <u>JAMES D DICKINSON</u> Title: <u>REG. AGENT</u>			
Issued 10/04/2016 by online					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM