

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

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**