| No. W 133294 | Due no later than Jan 31, 2016 2. Registered Agent | | | | nt and Address (NO PO BOX) | | |
|--|---|---------------------------------|---|-------|----------------------------|-------------|--|
| Return to: | | nual Report Form | CORPORATION SERVICE COMPANY | | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. NETWORKED INSURANCE AGENTS LLC TANYA PALACIO 443 CROWN POINT CIRCLE, STE. A GRASS VALLEY CA 95945 | | 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:* | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Enter I | lames and Addresses of | at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER KELLY MCRAE | | 443 CROWN POINT CIRCLE, STE. A | GRASS VALLEY | CA | USA | 95945 | |
| MANAGER LARRY OSLIE | | 443 CROWN POINT CIRCLE, STE. A | GRASS VALLEY | CA | USA | 95945 | |
| MANAGER GEORGE I | BIANCARDI | 443 CROWN POINT CIRCLE, STE. A | GRASS VALLEY | CA | USA | 95945 | |
| 5. Organized Under the Laws of: 6. Annual Report mus | | st be signed.* | | | | | |
| CA | Signature: GEORG | Date: 01/21/2016 | | | | | |
| W 133294 | Name (type or print): GEORGE BIANCARDI | | Title: MANAGER | | | | |
| Processed 01/21/2016 | * Electronically provided signatures are accepted as original signatures. | | | | | | |