

No. W 130849		Due no later than Nov 30, 2016		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		1. Mailing Address: Correct in this box if needed. AMERIFAMILY INSURANCE LLC LINDA FOX 12722 S BLACKBOB OLATHE KS 66062		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 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	
MEMBER	JAMES SWEENEY	12722 S BLACKBOB	OLATHE	KS	USA	66062	
5. Organized Under the Laws of: UT W 130849		6. Annual Report must be signed.* Signature: VENAE JEWETT Name (type or print): VENAE JEWETT					
Date: 10/17/2016 Title: COO							
Processed 10/17/2016		* Electronically provided signatures are accepted as original signatures.					