

No. W 94631		Due no later than Jul 31, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. BRACKETT LIFE INSURANCE, L.L.C. NOY ELBERT BRACKETT III FLAT CREEK RANCH ROGERSON ID 83302		NOY ELBERT BRACKETT III FLAT CREEK RANCH ROGERSON ID 83302			
				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	JACOB C BRACKETT	FLAT CREEK RANCH	ROGERSON	ID	USA	83302	
MEMBER	WILLIAM A BRACKETT	54899 CRAWFISH RD	ROGERSON	ID	USA	83302	
MEMBER	IRA N BRACKETT	261 DEVIL CREEK RD	CASTLEFORD	ID	USA	83321	
5. Organized Under the Laws of: ID W 94631		6. Annual Report must be signed.* Signature: Gus Brackett Name (type or print): Gus Brackett Date: 08/16/2018 Title: Member					
Processed 08/16/2018		* Electronically provided signatures are accepted as original signatures.					