No. **W 24571**	**Due no later than Jun 30, 2013** **Annual Report Form**	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.** PAGE INSURANCE, LLC JOHN S. PAGE 1182 E 17TH ST IDAHO FALLS ID 83404 USA	JOHN PAGE 1182 E 17TH ST. IDAHO FALLS ID 83404 3. New 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
MANAGER	JOHN S PAGE	1182 E 17TH STREET	IDAHO FALLS	ID	USA	83404
MANAGER	SIDNEY B PAGE	880 S PARK	SHELLEY	ID	USA	83274

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 24571**	Signature: John Page	Date: 04/24/2013
	Name (type or print): John Page	Title: Manager

Processed 04/24/2013

* Electronically provided signatures are accepted as original signatures.