No. <b>W 18128</b>		Due no later than Feb 29, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ALLEN COLLINS			
SECRETARY OF STATE 700 WEST JEFFERSON	1. Maili	1. Mailing Address: Correct in this box if needed. REINSURANCE SERVICES, LLC ALLEN COLLINS 6366 OLD RANCH ROAD		6366 OLD RANCH ROAD POCATELLO ID 83204			
PO BOX 83720 BOISE, ID 83720-0080	ALLEN C						
	POCATEL	LO ID 83204	3. New Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	:						
4. Limited Liability Companies: E	nter Names and Add	resses of at least one Member or Manager.					
Office Held Name	e	Street or PO Address	City	State	Country	Postal Code	
MEMBER ALLEN COLLINS		6366 OLD RANCH ROAD	POCATELLO	ID		83204	
5. Organized Under the Laws of:  6. Annual Report must be signed.*		eport must be signed.*					
ID	Signature	Signature: Allen Collins			Date: 12/23/2015		
W 18128	Name (ty	Name (type or print): Allen Collins Title: Member					
Processed 12/23/2015	* Electronica	* Electronically provided signatures are accepted as original signatures.					