

No. W 417		Due no later than Jul 31, 2015 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		1. Mailing Address: Correct in this box if needed. INDEPENDENT MORTGAGE LTD. CO. CASEY S KRIVOR PO BOX 905 SANDPOINT ID 83864		CASEY S KRIVOR 313 N SECOND AVE SANDPOINT ID 83864			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MANAGER	CASEY S KRIVOR	PO BOX 905	SANDPOINT	ID	83864		
MANAGER	DAN S JACOBSON	PO BOX 905	SANDPOINT	ID	83864		
5. Organized Under the Laws of: ID W 417		6. Annual Report must be signed.* Signature: Casey Krivor Name (type or print): Casey Krivor					
		Date: 06/18/2015 Title: Registered Agent					
Processed 06/18/2015 * Electronically provided signatures are accepted as original signatures.							