

No. <b>W 66675</b>	<b>Due no later than Sep 30, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> S & D INSURANCE LLC SHAUNA M HIEDEMAN 1301 E 16TH ST BURLEY ID 83318		SHAUNA M HIEDEMAN 1301 E 16TH ST BURLEY ID 83318			
			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	SHAUNA M HIEDEMAN	PO BOX 34	BURLEY	ID		83318
5. Organized Under the Laws of:  <b>ID</b> <b>W 66675</b>	6. Annual Report must be signed.* Signature: Shauna M Hiedeman Name (type or print): Shauna M Hiedeman		Date: 07/30/2018 Title: Manager			
Processed 07/30/2018		* Electronically provided signatures are accepted as original signatures.				