No. <b>W 109367</b>		Due no later than Dec 31, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JOSEPH S	JOSEPH S PICCIONE 3354 N TYLERSON AVE BOISE ID 83713			
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.  SCI INSURANCE, LLC JOSEPH S. PICCIONE 3354 N TYLERSON AVE BOISE ID 83713						
				BOISE ID				
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
4. Limited Liability Companie	es: Enter Nar	nes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
			3354 N. TYLERSON AVE. 3354 N. TYLERSON AVE.	BOISE BOISE	ID ID	USA USA	83713 83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 109367		Signature: Joseph S. Piccione		Da	Date: 10/31/2017			
		Name (type or	Tit	Title: Managing Member				
Processed 10/31/2017		* Electronically pr	ovided signatures are accepted as origin	al signatures.				