

No. W 119461	Due no later than Nov 30, 2017 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. ALTA INSURANCE AGENCY, LLC PO BOX 246 FIRTH ID 83236	BRAD CHAPMAN 614 E 800 N FIRTH ID 83236	
		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
MEMBER	BRAD CHAPMAN	614 E. 800 N.	FIRTH ID USA 83236
5. Organized Under the Laws of: ID W 119461	6. Annual Report must be signed.* Signature: LORI LINDHARTSEN Name (type or print): LORI LINDHARTSEN		Date: 10/30/2017 Title: SECRETARY
Processed 10/30/2017		* Electronically provided signatures are accepted as original signatures.	