

No. W 98843		Due no later than Dec 31, 2014		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. ELITE INSURANCE CONCEPTS LLC TYLER SCHWENDIMAN 919 SOUTH 25TH EAST AMMON ID 83406		TYLER SCHWENDIMAN 5304 TILDY CIR AMMON 83406			
				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	TYLER SCHWENDIMAN	5304 TILDY CIR	AMMON	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 98843		Signature: tyler schwendiman				Date: 11/13/2014	
		Name (type or print): tyler schwendiman				Title: member	
Processed 11/13/2014		* Electronically provided signatures are accepted as original signatures.					