

No. W 58867		Due no later than Feb 29, 2016		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		Annual Report Form		WILLIAM J SYLVIA 1797 COVE RD WEISER ID 83672			
		1. Mailing Address: Correct in this box if needed. FIVE STAR INSURANCE GROUP LLC WILLIAM J SYLVIA 1797 COVE RD WEISER ID 83672		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	WILLIAM J SYLVIA	1797 COVE RD	WEISER	ID	USA	83672	
MEMBER	SUMMER D SYLVIA	1797 COVE RD	WEISER	ID	USA	83672	
5. Organized Under the Laws of: ID W 58867		6. Annual Report must be signed.* Signature: William J Sylvia Name (type or print): William J Sylvia Date: 03/16/2016 Title: Owner					
Processed 03/16/2016		* Electronically provided signatures are accepted as original signatures.					