

No. <b>W 150518</b>	<b>Due no later than Apr 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> MAXWELL INSURANCE GROUP, LLC ROBERT KLAY MAXWELL 1900 N LAKES PL 100 MERIDIAN ID 83646		ROBERT KLAY MAXWELL 1900 N LAKES PL 100 MERIDIAN ID 83646			
			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	ROBERT KLAY MAXWELL	1900 N LAKES PL 100	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of:  <b>ID W 150518</b>	6. Annual Report must be signed.* Signature: Robert Maxwell Name (type or print): Robert Maxwell		Date: 04/11/2018 Title: Owner			
Processed 04/11/2018		* Electronically provided signatures are accepted as original signatures.				