No. W 66246		Due no later than Aug 31, 2013	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. BOWEN INSURANCE GROUP, LLC KELLY BOWEN 218 W 13TH ST PO BOX 1064 BURLEY ID. 93310	218 W 13T BURLEY ID	KELLY BOWEN 218 W 13TH ST BURLEY ID 83318 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE		BURLEY ID 83318 USA				
4. Limited Liability Com	npanies: Enter Nam	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	KELLY BOWE	N 211 S 45 W	BURLEY	ID	USA	83318
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID W 66246		Signature: Kelly B. Bowen	Date: 06/17/2013			
		Name (type or print): Kelly B. Bowen	Title: Owner			
Processed 06/17/2013 * Electronically provided signatures are accepted as original signatures.						