

No. W 45096		Due no later than Dec 31, 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 1. Mailing Address: Correct in this box if needed. DEARMOND INSURANCE, LLC BRENT DEARMOND 1693 S. SPRING VALLEY LN. STE 200 MERIDIAN ID 83642		BRENT DEARMOND 1693 S. SPRING VALLEY LN. STE 200 MERIDIAN ID 83642	
				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	BRENT DEARMOND	4241 N EDELWEISS ST	BOISE	ID	83713
MEMBER	ALDA DEARMOND	4241 N EDELWEISS ST	BOISE	ID	83713
5. Organized Under the Laws of: ID W 45096		6. Annual Report must be signed.* Signature: Alda DeArmond Name (type or print): Alda DeArmond Date: 12/14/2016 Title: Member			
Processed 12/14/2016		* Electronically provided signatures are accepted as original signatures.			