

No. W 150518		Due no later than Apr 30, 2017		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. MAXWELL INSURANCE GROUP, LLC ROBERT KLAY MAXWELL 1830 N LAKES PL MERIDIAN ID 83646		ROBERT KLAY MAXWELL 1830 N LAKES PL 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	1830 N LAKES PL	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 150518		Signature: Robert Maxwell				Date: 03/27/2017	
		Name (type or print): Robert Maxwell				Title: Owner	
Processed 03/27/2017		* Electronically provided signatures are accepted as original signatures.					