No. **W 94244**	**Due no later than Jun 30, 2014** **Annual Report Form**	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.** FALVEY INSURANCE SERVICES, LLC SHEILA M SPRINGER 66 WHITECAP DRIVE NORTH KINGSTOWN RI 02852 USA	INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705 USA 3. New 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
MEMBER	JOHN M FALVEY	66 WHITECAP DRIVE	NORTH KINGSTOWN	RI	USA	02852

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
DE **W 94244**	Signature: Sheila Springer	Date: 05/07/2014
	Name (type or print): Sheila Springer	Title: Executive Assistant

Processed 05/07/2014

* Electronically provided signatures are accepted as original signatures.