No. <b>W 94244</b>		Due no later than Jun 30, 2015			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			INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705  3. New Registered Agent Signature:*			
		1. Mailing Address: Correct in this box if needed.  FALVEY INSURANCE SERVICES, LLC  SHEILA M SPRINGER  66 WHITECAP DRIVE  NORTH KINGSTOWN RI 02852  USA						
				4. Limited Liability Companies: I				
Office Held Nam	ne		Street or PO Address		City	State	Country	Postal Code
MEMBER JOH	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: 04/28/2015				
		Name (type or print): SHEILA SPRINGER			Title: EXECUTIVE ASSISTANT			
Processed 04/28/2015 * Electronically provided signatures are accepted as original signatures.								