

No. W 94757		Due no later than Jul 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. SILVERSTONE INSURANCE, LLC KATHRYN A SMITH 2119 W ROOT CREEK MERIDIAN ID 83646		ROBERT C MONTGOMERY 2160 TWIN RAPIDS WAY BOISE ID 83680-8364	
				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	KATHRYN A SMITH	2119 W ROOT CREEK	MERIDIAN	ID	83646
5. Organized Under the Laws of: ID W 94757		6. Annual Report must be signed.* Signature: Kathryn A. Smith Name (type or print): Kathryn A. Smith Date: 07/18/2016 Title: Owner			
Processed 07/18/2016		* Electronically provided signatures are accepted as original signatures.			