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| No. W 100923 | Due no later than Feb 28, 2013 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. | | JEREMY J BROWN 220 CRESTVIEW DR TWIN FALLS ID 83301 | | | |
| | BROWN INSURANCE AGENCY LLC JEREMY J BROWN 220 CRESTVIEW DR TWIN FALLS ID 83301 | | 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 | JEREMY BROWN | 220 CRESTVIEW DR | TWIN FALLS | ID | USA | 83301 |
| 5. Organized Under the Laws of: ID W 100923 | | 6. Annual Report must be signed.* Signature: jeremy Brown Name (type or print): jeremy Brown Date: 12/20/2012 Title: Owner | | | | |
| Processed 12/20/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | |