

No. <b>W 94886</b>		<b>Due no later than Jul 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  BAILEY INSURANCE SERVICES, LLC LESLIE J BAILEY 4234 N PORTAGE AVE MERIDIAN ID 83646		LESLIE J BAILEY 4234 N PORTAGE AVE 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	LESLIE JANE BAILEY	4234 N. PORTAGE AVE.	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 94886</b>		Signature: Leslie Jane Bailey				Date: 07/30/2013	
		Name (type or print): Leslie Jane Bailey				Title: Manager	
Processed 07/30/2013		* Electronically provided signatures are accepted as original signatures.					