No. W 139531	ı	Due no later than Jun 30, 2017	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		ROLLAND WITHROW				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. THREE PEAKS LOSS CONTROL SERVICES LLC THREE PEAKS LOSS CONTROL SERVICES LLC 4103 W PASADENA DR		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	4103 PASADENA DR BOISE ID 83705			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			BOISE ID				
	BOISE ID 83705-4659		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addres	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER ROLLAND W	VITHROW	4103 W PASADENA DR	BOISE	ID	USA	83705-4659	
5. Organized Under the Laws of:	anized Under the Laws of: 6. Annual Report must be signed.*						
ID	ID Signature: Rolland Withrow		Date: 04/26/2017				
W 139531	Name (type	or print): Rolland Withrow	Title: Manager				
Processed 04/26/2017	* Electronically provided signatures are accepted as original signatures.						