

No. W 119461		Due no later than Nov 30, 2014 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		1. Mailing Address: Correct in this box if needed. ALTA INSURANCE AGENCY, LLC PO BOX 246 FIRTH ID 83236		BRAD CHAPMAN 614 E 800 N FIRTH 83236			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	BRAD CHAPMAN	614 E. 800 N.	FIRTH	ID	USA	83236	
5. Organized Under the Laws of: ID W 119461		6. Annual Report must be signed.* Signature: Lori Lindhartsen Name (type or print): Lori Lindhartsen					
		Date: 11/20/2014 Title: Secretary					
Processed 11/20/2014 * Electronically provided signatures are accepted as original signatures.							