No. W 97189		Du	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		A WAYNE	A WAYNE MITTLEIDER			
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. CONDOMINIUM CERTIFICATE OF INSURANCE DELIVERY SERVICE, LLC KIRKLYN R SMITH 1880 W JUDITH LN STE 220 BOISE ID 83705		1880 W JUDITH LN STE 220 BOISE ID 83705				
				3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companie	s: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER K	arklyn r	SMITH	1880 W. JUDITH LANE STE. 220	BOISE	ID	USA	83705	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
NV W 97189		Signature: Kirklyn R. Smith		Date: 08/08/2013				
		Name (type o	r print): Kirklyn R. Smith	Title: Dir. Operations				
Processed 08/08/2013 * Electronically provided signatures are accepted as original signatures.								