



0005609020

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0005609020

Date Filed: 2/21/2024 11:25:56 AM

## Foreign Registration Statement (Limited Liability Company)

Select one: Standard, Expedited or Same Day Service (see descriptions below)      Standard (filing fee \$100)

## 1. The name this limited liability company will use in Idaho is:

Type of Limited Liability Company

Foreign Limited Liability Company

Entity name

Baysfield Claims Managers, LLC

Baysfield Claims Managers, LLC

## 2. Home Jurisdiction

The jurisdiction of formation is:

WYOMING

## 3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Street Address

1621 CENTRAL AVENUE  
CHEYENNE, WY 82001

## 4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Mailing Address

1621 CENTRAL AVENUE  
CHEYENNE, WY 82001

## 5. The complete street address of the principal office is:

Principal Office Address

1621 CENTRAL AVENUE  
CHEYENNE, WY 82001

## 6. The mailing address of the principal office is:

Mailing Address

1621 CENTRAL AVE  
CHEYENNE, WY 82001-4531

## 7. Registered Agent Name and Address

Registered Agent

Registered Agent

Dean L Cameron

Physical Address:

IDAHO DEPARTMENT OF INSURANCE DIRECTOR  
700 W STATE STREET  
FLOOR3  
BOISE, ID 83720

Mailing Address:

IDAHO DEPARTMENT OF INSURANCE DIRECTOR  
700 W STATE ST  
FL 3  
BOISE, ID 83702-5868

☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

## 8. Governors

Name	Title	Address
Anna Antonov	Managing Member	1621 CENTRAL AVE CHEYENNE, WY 82001-4531
Michal Walter	Managing Member	1621 CENTRAL AVE CHEYENNE, WY 82001-4531

Signature of individual authorized by the entity to sign:



*Anna Antonov*

Sign Here

*02/21/2024*

Date

Job Title: Managing Member

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**Baysfield Claims Managers, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **March 26, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-000992061**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of February, 2024 at 10:44 PM. This certificate is assigned ID Number 069766127.



A handwritten signature in cursive script that reads "Chuck Gray".

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.