

No. W 81986	Due no later than Mar 31, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		CARRIEANNE KOWALCZYK 1577 N LINDER RD #213 KUNA 83634			
	PERSONAL TOUCH INSURANCE & BENEFITS LLC. CARRIEANNE M KOWALCZYK 1577 N LINDER RD #213 KUNA ID 83634 USA		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	CARRIEANNE M KOWALCZYK	1577 N. LINDER RD #213	KUNA	ID	USA	83634
5. Organized Under the Laws of: ID W 81986	6. Annual Report must be signed.*		Signature: CarrieAnne Kowalczyk		Date: 04/09/2015	
		Name (type or print): CarrieAnne Kowalczyk		Title: Owner		
Processed 04/09/2015		* Electronically provided signatures are accepted as original signatures.				