



0005347914

**STATE OF IDAHO**

Office of the secretary of state, Phil McGrane

**REINSTATEMENT ANNUAL REPORT**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$30.00

For Office Use Only

**-FILED-**

File #: 0005347914

Date Filed: 8/3/2023 4:04:37 PM

| Reinstatement Annual Report Form  |         |   |      |       |         |                 |         |                                   |
|---|---------|---|------|-------|---------|-----------------|---------|-----------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)  |         | Standard (filing fee \$30)  |      |       |         |                 |         |                                   |
| Current Entity Name   |         | HOME INSURANCE CLAIM COORDINATORS LLC   |      |       |         |                 |         |                                   |
| The file number of this entity on the records of the Idaho Secretary of State is:   |         | 0000603286  |      |       |         |                 |         |                                   |
| Organized under the laws of:  |         | IDAHO   |      |       |         |                 |         |                                   |
| Entity Type:  |         | Limited Liability Company (D)   |      |       |         |                 |         |                                   |
| Entity Subtype:   |         |   |      |       |         |                 |         |                                   |
| Limited Liability Company Subtype   |         | Limited Liability Company   |      |       |         |                 |         |                                   |
| Limited Liability Company Name:   |         |   |      |       |         |                 |         |                                   |
| Limited Liability Company name  |         | HOME INSURANCE CLAIM COORDINATORS LLC   |      |       |         |                 |         |                                   |
| The registered agent on record is:  |         |   |      |       |         |                 |         |                                   |
| Registered Agent  |         | TYLER SLADE<br>Registered Agent<br>Physical Address<br>100 S STATE ST<br>RIGBY, ID 83442<br>Mailing Address<br>100 S STATE ST<br>RIGBY, ID 83442-1447 |      |       |         |                 |         |                                   |
| The mailing address of the corporation is:  |         |   |      |       |         |                 |         |                                   |
| 100 S STATE ST<br>RIGBY, ID 83442-1447  |         |   |      |       |         |                 |         |                                   |
| Limited Liability Company Managers and Members  |         |   |      |       |         |                 |         |                                   |
| <table><thead><tr><th>Name</th><th>Title</th><th>Address</th></tr></thead><tbody><tr><td>+ Tyler A Slade</td><td>Manager</td><td>100 S STATE ST<br/>RIGBY, ID 83442</td></tr></tbody></table> |         |   | Name | Title | Address | + Tyler A Slade | Manager | 100 S STATE ST<br>RIGBY, ID 83442 |
| Name  | Title   | Address   |      |       |         |                 |         |                                   |
| + Tyler A Slade   | Manager | 100 S STATE ST<br>RIGBY, ID 83442   |      |       |         |                 |         |                                   |
| The Application for Reinstatement must be signed by at least one governor.  |         |   |      |       |         |                 |         |                                   |
| Title:  |         | Owner   |      |       |         |                 |         |                                   |
| Tyler Slade   |         | 08/03/2023  |      |       |         |                 |         |                                   |
| Sign Here   |         | Date  |      |       |         |                 |         |                                   |

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