No. **W 20245**	**Due no later than Aug 31, 2018** **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.** BOSWELL INSURANCE SERVICES, LLC SUE A BOSWELL 6103 HIGHWAY 52 WEST EMMETT ID 83617	SUE A BOSWELL 6103 HIGHWAY 52 WEST EMMETT ID 83617 3. New 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	SUE A BOSWELL	6103 HIGHWAY 52 WEST	EMMETT	ID		83617

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 20245**	Signature: Sue Boswell	Date: 08/29/2018
	Name (type or print): Sue Boswell	Title: owner

Processed 08/29/2018

* Electronically provided signatures are accepted as original signatures.