

No. W 92383	Due no later than Apr 30, 2014 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. UNIVERSITY CITY INSURANCE, LLC MICHAEL L OSTERHOLZ PO BOX 8567 MOSCOW ID 83871		MICHAEL OSTERHOLZ 120 LINE STREET MOSCOW ID 83843			
			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	MICHAEL L OSTERHOLZ	120 LINE STREET	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: ID W 92383	6. Annual Report must be signed.* Signature: Michael L Osterholz Name (type or print): Michael L Osterholz		Date: 02/15/2014 Title: Manager			
Processed 02/15/2014		* Electronically provided signatures are accepted as original signatures.				