

No. <b>W 75000</b>		<b>Due no later than Jun 30, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> CONOVER INSURANCE AGENCY, TRANSPORTATION DIVISION, LLC TIFFINY SANDQUIST PO BOX 10088 YAKIMA WA 98909-1088		INCRP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705-9800		
				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
MEMBER	AXIS INSURANCE, LLC	155 108TH AVE NE #725	BELLEVUE	WA	USA	98004
MEMBER	DAVID LARIVIERE	PO BOX 10088	YAKIMA	WA	USA	98909
MEMBER	CONSTANCE E MORROW	PO BOX 2528	TRI CITIES	WA	USA	99302
MEMBER	CONOVER INSURANCE SERVICES	PO BOX 10088	YAKIMA	WA	USA	98909
MEMBER	ANDREW EMERICK	PO BOX 90007	BELLEVUE	WA	USA	98009
MEMBER	BRAVO DELTA RISK, INC	PO BOX 62	MEDINA	WA	USA	98039
5. Organized Under the Laws of:  <b>WA W 75000</b>		6. Annual Report must be signed.* Signature: Constance Morrow Name (type or print): Constance Morrow		Date: 05/05/2016 Title: Member		
Processed 05/05/2016		* Electronically provided signatures are accepted as original signatures.				