No. <b>W 143640</b>	Due no later than Oct 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		MATTHEW SE			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  SEVIERI INSURANCE GROUP, LLC  MATTHEW SEVIERI  1900 N LAKES PL STE 100  MERIDIAN ID 83646		1900 N LAKES PL STE 100 MERIDIAN ID 83646			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 MATTHEW	SEVIERI 1900 N LAKES PL STE 10	00	MERIDIAN	ID	USA	83646
6. Annual Report must be signed.*						
ID	Signature: Matt Sevieri	Date: 09/25/2017				
W 143640	Name (type or print): Matt Sevieri		Title: Owner			
Processed 09/25/2017	* Electronically provided signatures are accepted as original signatures.					