No. **W 162161**	**Due no later than Feb 28, 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.** ANTHONY INSURANCE GROUP, LLC 6126 W STATE ST 308 BOISE ID 83703	STACIE ANTHONY 226 WINDING RIDGE DR HORSESHOE BEND ID 83629-8362 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	STACIE ANTHONY	226 WINDING RIDGE DR	HORSESHOE BEND	ID		83629

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 162161**	Signature: Stacie Anthony	Date: 02/16/2018
	Name (type or print): Stacie Anthony	Title: Owner

Processed 02/16/2018

* Electronically provided signatures are accepted as original signatures.