

No. W 71699		Due no later than Feb 29, 2016 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		1. Mailing Address: Correct in this box if needed. 4SIGHT INSURANCE LLC CHRIS N MAURICE 680 S CLEARWATER LN STE 306 BOISE ID 83712		CHRISTOPHER N MAURICE 680 S CLEARWATER LN #306 BOISE ID 83712			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name CHRIS N MAURICE	Street or PO Address 680 S CLEARWATER LANE #306		City BOISE	State ID	Country USA	Postal Code 83712
5. Organized Under the Laws of: ID W 71699		6. Annual Report must be signed.* Signature: chris maurice Name (type or print): chris maurice Date: 12/30/2015 Title: owner/member					
Processed 12/30/2015 * Electronically provided signatures are accepted as original signatures.							