

No. W 71699		Due no later than Feb 29, 2016		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. 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			
				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	CHRIS N MAURICE	680 S CLEARWATER LANE #306	BOISE	ID	USA	83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 71699		Signature: chris maurice				Date: 12/30/2015	
		Name (type or print): chris maurice				Title: owner/member	
Processed 12/30/2015		* Electronically provided signatures are accepted as original signatures.					