

No. W 123625		Due no later than Mar 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. LAKES INDEPENDENT INSURANCE AGENCY LLC DAVID R WEEKS 5986 N LA ROCHELLE DR COEUR D ALENE ID 83815		DAVID R WEEKS 5986 N LA ROCHELLE DR COEUR D ALENE ID 83815	
				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	DAVID R WEEKS	5986 N. LA ROCHELLE DR.	COEUR D ALENE	ID	USA 83815
5. Organized Under the Laws of: ID W 123625		6. Annual Report must be signed.* Signature: David Weeks Name (type or print): David Weeks Date: 01/27/2014 Title: Agency Principl			
Processed 01/27/2014		* Electronically provided signatures are accepted as original signatures.			