

No. W 45096		Due no later than Dec 31, 2013		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. DEARMOND INSURANCE, LLC BRENT DEARMOND 1693 S. SPRING VALLEY LN. STE 200 MERIDIAN ID 83642 USA		BRENT DEARMOND 1693 S. SPRING VALLEY LN. STE 200 MERIDIAN ID 83642			
				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	
MANAGER	BRENT DEARMOND	8403 BLOOMFIELD DR	BOISE	ID	USA	83704	
MEMBER	ALDA DEARMOND	8403 BLOOMFIELD DR	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 45096		Signature: Brent DeArmond				Date: 11/22/2013	
		Name (type or print): Brent DeArmond				Title: Managing Member	
Processed 11/22/2013		* Electronically provided signatures are accepted as original signatures.					