

No. W 113780		Due no later than May 31, 2013 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. COUSIN INSURANCE LLC MICHAEL A COUSIN 639 HOOPES AVE #1 IDAHO FALLS ID 83401		MICHAEL A COUSIN 639 HOOPES AVE #1 IDAHO FALLS ID 83401			
				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	MICHAEL A COUSIN	639 HOOPES AVE. #1	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID W 113780		6. Annual Report must be signed.* Signature: Michael A. Cousin Name (type or print): Michael A. Cousin Date: 06/11/2013 Title: Member					
Processed 06/11/2013		* Electronically provided signatures are accepted as original signatures.					