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|--|-------------------|--|------|--|---------|-------------|--|
| No. W 118289 | | Due no later than Oct 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. LUPIEN INSURANCE LLC DAVID TODD LUPIEN 1560 N CRESTMONT DR. SUITE C MERIDIAN ID 83642 | | DAVID LUPIEN 1560 N CRESTMONT DR STE C 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 | |
| MEMBER | DAVID TODD LUPIEN | 684 S STIBNITE AVE. | KUNA | ID | USA | 83634 | |
| 5. Organized Under the Laws of: ID W 118289 | | 6. Annual Report must be signed.* Signature: David Lupien Name (type or print): David Lupien Date: 08/19/2014 Title: Member | | | | | |
| Processed 08/19/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |