

No. W 118289	Due no later than Oct 31, 2014 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	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			
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MEMBER	Name DAVID TODD LUPIEN	Street or PO Address 684 S STIBNITE AVE.	City KUNA	State ID	Country USA	Postal Code 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.					