

No. W 65565	Due no later than Aug 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		GABE VASQUEZ 4301 GARRITY BLVD STE 101 NAMPA ID 83687			
	ALL VALLEY INSURANCE, LLC GABE VASQUEZ 4301 GARRITY BLVD SUITE 101 NAMPA ID 83687 USA		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	GABRIEL VASQUEZ	822 W DALLAN WOODS WY	NAMPA	ID	USA	83686
5. Organized Under the Laws of: ID W 65565		6. Annual Report must be signed.* Signature: Gabriel Vasquez Name (type or print): Gabriel Vasquez Date: 06/16/2014 Title: Managing Member				
Processed 06/16/2014		* Electronically provided signatures are accepted as original signatures.				