

No. <b>W 164580</b>		<b>Due no later than Mar 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  HOWELL INSURANCE AGENCY LLC PATRICIA R HOWELL 106 VALLEY VIEW DR HORSESHOE BEND ID 83629		PATRICIA R HOWELL 106 VALLEY VIEW DR HORSESHOE BEND ID 83629-8362			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	PATRICIA R HOWELL	106 VALLEY VIEW DR	HORSESHOE BEND	ID	USA	83629	
5. Organized Under the Laws of:  <b>ID</b> <b>W 164580</b>		6. Annual Report must be signed.*  Signature: Patricia R Howell Name (type or print): Patricia R Howell					
Processed 01/22/2017		Date: 01/22/2017 Title: owner  * Electronically provided signatures are accepted as original signatures.					