

No. W 164580		Due no later than Mar 31, 2017		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. 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			
				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: ID W 164580		6. Annual Report must be signed.* Signature: Patricia R Howell Name (type or print): Patricia R Howell					
Date: 01/22/2017 Title: owner							
Processed 01/22/2017		* Electronically provided signatures are accepted as original signatures.					