

|  |                    |  |              |  |                     |
|--|--------------------|--|--------------|--|---------------------|
| No. <b>W 140245</b>  |                    | <b>Due no later than Jul 31, 2016</b>  |              | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br>DESIREE JACHETTA INSURANCE AGENCY, LLC<br>PO BOX 207<br>PRIEST RIVER ID 83856       |              | DESIREE JACHETTA<br>5871 HWY 2<br>PRIEST RIVER ID 83856-8385 |                     |
|  |                    |  |              | 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  | DESIREE A JACHETTA | 5871 HWY 2   | PRIEST RIVER | ID   | USA 83856           |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 140245</b>  |                    | 6. Annual Report must be signed.*<br>Signature: desiree jachetta<br>Name (type or print): desiree jachetta<br>Date: 07/05/2016<br>Title: manager |              |  |                     |
| Processed 07/05/2016   |                    | * Electronically provided signatures are accepted as original signatures.  |              |  |                     |