

No. W 141489		Due no later than Aug 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CUSTOM INSURANCE SOLUTIONS LLC LYNN A DUFFY 10901 RED CIRCLE DR MINNETONKA MN 55343		BILL DEAL, IDAHO DEPT OF INSURANCE 700 W STATE ST FL 3 BOISE ID 83702-5534	
				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	COURTNEY BEYER	10901 RED CIRCLE DRIVE 4TH FLOOR	MINNETONKA	MN	USA 55343
5. Organized Under the Laws of: MN W 141489		6. Annual Report must be signed.* Signature: Lynn Duffy Name (type or print): Lynn Duffy			
Date: 06/24/2015 Title: AVP					
Processed 06/24/2015		* Electronically provided signatures are accepted as original signatures.			