

No. W 162357		Due no later than Feb 28, 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. FARAHLYN HAMMONS INSURANCE AGENCY, LLC 139 PARKINSON RD FRANKLIN ID 83237		FARAHLYN MICHELLE HAMMONS 139 PARKINSON RD FRANKLIN ID 83237	
				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	FARAHLYN HAMMONS	139 PARKINSON ROAD	FRANKLIN	ID	USA 83237
5. Organized Under the Laws of: ID W 162357		6. Annual Report must be signed.* Signature: Farahlyn Hammons Date: 02/28/2017 Name (type or print): Farahlyn Hammons Title: Sole Proprietor			
Processed 02/28/2017		* Electronically provided signatures are accepted as original signatures.			