

No. <b>W 71878</b>		<b>Due no later than Feb 28, 2014</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> WESTPORT INSURANCE ADVISORS, LLC CHRIS STEVENSON PO BOX 5694 TWIN FALLS ID 83303 USA		CHRIS STEVENSON 1162 EASTLAND DRIVE NORTH TWIN FALLS ID 83301			
				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	CHRIS STEVENSON	PO BOX 5694	TWIN FALLS	ID	USA	83303	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 71878</b>		Signature: CT Stevenson				Date: 12/26/2013	
		Name (type or print): CT Stevenson				Title: Owner	
Processed 12/26/2013		* Electronically provided signatures are accepted as original signatures.					