

No. W 71878		Due no later than Feb 28, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WESTPORT INSURANCE ADVISORS, LLC CHRIS STEVENSON PO BOX 5694 TWIN FALLS ID 83303 USA		CHRIS STEVENSON 1162 EASTLAND DRIVE NORTH TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name CHRIS STEVENSON	Street or PO Address PO BOX 5694		City TWIN FALLS	State ID	Country USA	Postal Code 83303
5. Organized Under the Laws of: ID W 71878		6. Annual Report must be signed.* Signature: CT Stevenson Name (type or print): CT Stevenson Date: 12/26/2013 Title: Owner					
Processed 12/26/2013 * Electronically provided signatures are accepted as original signatures.							