

No. W 114994		Due no later than Jun 30, 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. IDAHO MEDICARE INSURANCE CHOICES L.L.C. CHARLES W WEIR 12868 W GINGER CREEK DR BOISE ID 83713-0004		CHARLES W WEIR 12868 W GINGER CREEK DR BOISE ID 83713-0004			
				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	JOYCE WEIR	12868 W GINGER CREEK DR	BOISE	ID	USA	83713-0004	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 114994		Signature: Charles Weir				Date: 04/26/2017	
		Name (type or print): Charles Weir				Title: Owner	
Processed 04/26/2017		* Electronically provided signatures are accepted as original signatures.					