No. W 119249	Due no later than Nov 30, 2016		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		MICHELLE GU				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. GUZMAN INSURANCE LLC MICHELLE GUZMAN 416 S 5TH AVE STE A			416 S 5TH STE A POCATELLO ID 83204			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			FOCATELLO				
	POCATELLO ID 83204		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 MICHELLE R	GUZMAN	12831 W RESERVATION RD	POCATELLO	ID	USA	83202	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Michelle Guzman			Date: 09/27/2016			
W 119249	Name (type or print): Michelle Guzman			Title: Manager			
Processed 09/27/2016	* Electronically provided signatures are accepted as original signatures.						