

No. W 66675		Due no later than Sep 30, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. S & D INSURANCE LLC SHAUNA M HIEDEMAN PO BOX 34 BURLEY ID 83318		SHAUNA M HIEDEMAN 1301 E 16TH ST BURLEY ID 83318			
				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	
MANAGER	SHAUNA M HIEDEMAN	PO BOX 34	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 66675		Signature: Shauna M Hiedeman				Date: 07/26/2014	
		Name (type or print): Shauna M Hiedeman				Title: Manager	
Processed 07/26/2014		* Electronically provided signatures are accepted as original signatures.					