No. W 167182	Due no later than May 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. STEGELMEIER INSURANCE, LLC LOGAN STEGELMEIER PO BOX 582 RIRIE ID 83443		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			711 RIGBY I RIGBY ID	LOGAN STEGELMEIER 711 RIGBY LAKE DR 103 RIGBY ID 83442 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		es of at least one Member or Manager.	3. <u>New</u> Negisti	ered Agent 3	gnature.		
Office Held Name	arries ariu Address	Street or PO Address	City	State	Country	Postal Code	
MEMBER LOGAN STEGELMEIER		PO BOX 582	RIRIE	ID	USA	83443	
. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Lo	ogan Stegelmeier		Date: 06/27/2018			
W 167182	Name (type or print): Logan Stegelmeier			Title: Owner			
Processed 06/27/2018	* Electronically provided signatures are accepted as original signatures.						