

No. W 52418		Due no later than Jul 31, 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. BOWEN INSURANCE COMPANY LLC HEATH SHAYNE BOWEN 591 PARK AVE. 303 IDAHO FALLS ID 83402-3573		HEATH SHAYNE BOWEN 591 PARK AVE. SUITE 303 IDAHO FALLS ID 83402-3573	
				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	HEATH SHAYNE BOWEN	591 PARK AVE. SUITE 303	IDAHO FALLS	ID	83402-3573
5. Organized Under the Laws of: ID W 52418		6. Annual Report must be signed.* Signature: Teri Bell Name (type or print): Teri Bell Date: 05/19/2017 Title: ffice Manager			
Processed 05/19/2017		* Electronically provided signatures are accepted as original signatures.			