

No. W 124373	Due no later than Apr 30, 2016 Annual Report Form		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.		KEEFAN CARON 1250 S ALLANTE AVE BOISE ID 83709			
	LAMPLIGHT INSURANCE SOLUTIONS LLC KEEFAN CARON 1250 S ALLANTE AVE BOISE ID 83709		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	KEEFAN JAMES CARON	2898 LOON CREEK	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: ID W 124373		6. Annual Report must be signed.* Signature: Keefan Caron Name (type or print): Keefan Caron Date: 06/29/2016 Title: President				
Processed 06/29/2016		* Electronically provided signatures are accepted as original signatures.				