

No. W 75000		Due no later than Jun 30, 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		INCORP SERVICES, INC. 1310 S VISTA AVE STE 27 BOISE ID 83705			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		CONOVER INSURANCE AGENCY, TRANSPORTATION DIVISION, LLC LICENSING COORDINATOR 155 108TH AVE NE SUITE 725 BELLEVUE WA 98004-5948					
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	
MEMBER	DAVID LARIVIERE	PO BOX 10088	YAKIMA	WA	USA	98909	
MEMBER	AXIS INSURANCE, LLC	155 108TH AVE NE SUITE 725	BELLEVUE	WA	USA	98004-5948	
MEMBER	CONSUELA ELENA, LLC	PO BOX 2528	TRI CITIES	WA	USA	99302	
MEMBER	CONOVER INSURANCE SERVICES	PO BOX 10088	YAKIMA	WA	USA	98909	
MEMBER	ANDREW EMERICK	PO BOX 90007	BELLEVUE	WA	USA	98009	
MANAGER	BRAVO DELTA RISK, INC	PO BOX 62	MEDINA	WA	USA	98039	
5. Organized Under the Laws of: WA W 75000		6. Annual Report must be signed.* Signature: Jennifer M Stroh Name (type or print): Jennifer M Stroh		Date: 05/30/2017 Title: Licensing Coordinator			
Processed 05/30/2017		* Electronically provided signatures are accepted as original signatures.					