

No. W 111427	Due no later than Feb 28, 2013 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. CHP INSURANCE AGENCY, LLC DEBORAH K SAREMI 2077 ROOSEVELT AVE SPRINGFIELD MA 01104 USA		NATIONAL CORPORATE RESEARCH LT 921 S ORCHARD ST STE G BOISE ID 83706 USA			
			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	DEBORAH K SAREMI	2077 ROOSEVELT AVENUE	SPRINGFIELD	MA	USA	01104
5. Organized Under the Laws of: MA W 111427	6. Annual Report must be signed.* Signature: Deborah K. Saremi Name (type or print): Deborah K. Saremi		Date: 01/11/2013 Title: President			
Processed 01/11/2013		* Electronically provided signatures are accepted as original signatures.				