

No. <b>W 71699</b>		<b>Due no later than Feb 28, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> 4SIGHT INSURANCE LLC CHRIS N MAURICE PO BOX 1563 BOISE ID 83701 USA		ERIN D HILL 146 N 2300 E ST. ANTHONY ID 83445			
				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	
MEMBER	CHRISTOPHER N MAURICE	PO BOX 1563	BOISE	ID	USA	83701	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 71699</b>		Signature: Chris Maurice				Date: 12/27/2012	
		Name (type or print): Chris Maurice				Title: Owner	
Processed 12/27/2012		* Electronically provided signatures are accepted as original signatures.					