

No. <b>W 92383</b>		<b>Due no later than Apr 30, 2015</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  UNIVERSITY CITY INSURANCE, LLC MICHAEL L OSTERHOLZ PO BOX 8567 MOSCOW ID 83871		MICHAEL OSTERHOLZ 120 LINE STREET MOSCOW 83843	
				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	MICHAEL L OSTERHOLZ	120 LINE STREET	MOSCOW	ID	USA 83843
5. Organized Under the Laws of:  <b>ID W 92383</b>		6. Annual Report must be signed.* Signature: Michael Osterholz Name (type or print): Michael Osterholz Date: 02/19/2015 Title: Manager			
Processed 02/19/2015		* Electronically provided signatures are accepted as original signatures.			