No. W 137461		Due no later than May 31, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		10 PH	MATTHEW DALE HOPKINS 96 N PIT LN NAMPA ID 83687 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HOF MAT 96 N	1. Mailing Address: Correct in this box if needed. HOPKINS INSURANCE LLC MATTHEW DALE HOPKINS 96 N PIT LN NAMPA ID 83687		NAMPA				
NO FILING FEE IF RECEIVED BY DUE DAT	ПЕ							
4. Limited Liability Companies:	Enter Names and	l Addresses	of at least one Member or Manager.					
Office Held Nar	me		Street or PO Address	City	State	Country	Postal Code	
MEMBER MA	TTHEW DALE H	OPKINS	96 N PIT LN	NAMPA	ID	USA	83687	
5. Organized Under the Laws	of: 6. Ann	6. Annual Report must be signed.*						
ID	Sigr	Signature: Matt Hopkins			Date: 06/17/2016			
W 137461	Nan	Name (type or print): Matt Hopkins			Title: Member			
Processed 06/17/2016	* Elect	* Electronically provided signatures are accepted as original signatures.						