

No. W 144441		Due no later than Nov 30, 2016 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		1. Mailing Address: Correct in this box if needed. JAMES WILHELMSEN INSURANCE AGENCY LLC JAMES WILHELMSEN 3000 PANCHERI DR STE #2 IDAHO FALLS ID 83402 USA		JAMES WILHELMSEN 1313 HAMMERSTONE DR IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JAMES WILHELMSEN	Street or PO Address 1313 HAMMERSTONE DR		City IDAHO FALLS	State ID	Country USA	Postal Code 83401
5. Organized Under the Laws of: ID W 144441		6. Annual Report must be signed.* Signature: James Wilhelmsen Name (type or print): James Wilhelmsen Date: 12/20/2016 Title: Manager					
Processed 12/20/2016 * Electronically provided signatures are accepted as original signatures.							