No. W 145039		Due no later than Jan 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form 1. Mailing Address: Correct in this box if needed.		JASON BERGQUIST 1005 N 3RD ST MCCALL ID 83638 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KIRK-FIG FINANCIAL INSURANCE GROUP, LLC JASON BERGQUIST PO BOX 463 DONNELLY ID 83615						
NO FILING FEE IF RECEIVED BY DUE DATE							
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 JASON L	EON BERGQUIST	PO BOX 463	DONNELLY	ID	USA	83615	
5. Organized Under the Laws of: 6. Annual Report must be signe		must be signed.*					
ID	Signature: Jason Bergquist			Date: 01/14/2016			
W 145039	W 145039 Name (type or print): Jason Bergquist			Title: Owner			
Processed 01/14/2016	* Electronically pro	* Electronically provided signatures are accepted as original signatures.					