No. **W 159360**	**Due no later than Dec 31, 2017** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** DAWN M ADAMS INSURANCE AGENCY, LLC DAWN M ADAMS 176 E CALDERWOOD DR STE 125 MERIDIAN ID 83642	DAWN M ADAMS 176 E CALDERWOOD DR STE 125 MERIDIAN ID 83642 3. New 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	DAWN M ADAMS	176 E CALDERWOOD DR STE 125	MERIDIAN	ID	USA	83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 159360**	Signature: Dawn Adams Name (type or print): Dawn Adams	Date: 10/31/2017 Title: owner

Processed 10/31/2017

* Electronically provided signatures are accepted as original signatures.