No. W 132873		Du	e no later than Jan 31, 2016	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MOBILE INSURANCE SOLUTIONS, LLC 13601 W MCMILLAN RD #102-328 BOISE ID 83713		MATTHEW GALLEGOS 10074 W FAIRVIEW AVE #140 BOISE ID 83704 3. New Registered Agent Signature:*				
NO FILING FEE RECEIVED BY DUE 4. Limited Liability Compan	DATE	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER MEMBER	EMBER MIKE BURNS		10074 W FAIRVIEW AVE #140 10074 W FAIRVIEW AVE #140 10074 W FAIRVIEW AVE #140	BOISE BOISE BOISE	ID ID ID	USA USA USA	83704 83704 83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 132873		Signature: Ma Name (type or	Date: 12/17/2015 Title: Member					
Processed 12/17/2015	* Electronically provided signatures are accepted as original signatures.							