| No. W 132873 | | Due no later than Jan 31, 2015 | | 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 | | 10074 W F/ BOISE 83 | MATTHEW GALLEGOS 10074 W FAIRVIEW AVE #140 BOISE 83704 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mes and Addresses | of at least one Member or Manager | 3. <u>116.W</u> Regist | erea Agent 31 | | | |
| Office Held | Name | nes and radi esses | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER MEMBER MEMBER | 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: MAT Name (type or p | | Date: 11/21/2014 Title: MEMBER | | | | |
| Processed 11/21/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |