

No. W 150823		Due no later than Apr 30, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOME & BUSINESS INSURANCE AGENCY LLC 443 CROWN POINT CIRCLE SUITE A GRASS VALLEY CA 95945 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705-9594			
				3. <u>New</u> 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	SCOTT M. PURVIANCE	4725 PIEDMONT ROW DR. SUITE 600	CHARLOTTE	NC	USA	28210	
MANAGER	MICHAEL STEVEN DECARLO	4725 PIEDMONT ROW DR STE 600	CHARLOTTE	NC	USA	28210	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
CA W 150823		Signature: Kelly Lettmann				Date: 03/28/2018	
		Name (type or print): Kelly Lettmann				Title: POA	
Processed 03/28/2018		* Electronically provided signatures are accepted as original signatures.					