

No. W 4033		Due no later than May 31, 2017		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. PACIFIC INSURANCE SERVICES, LTD. CO. DOUGLAS L PORTER 964 E CURLING DR BOISE ID 83702		DOUGLAS L PORTER 964 E CURLING DR BOISE ID 83702	
				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	DOUGLAS L PORTER	964 E CURLING DR	BOISE	ID	83702
5. Organized Under the Laws of: ID W 4033		6. Annual Report must be signed.* Signature: Douglas Porter Name (type or print): Douglas Porter Date: 03/25/2017 Title: Manger Member			
Processed 03/25/2017		* Electronically provided signatures are accepted as original signatures.			