

No. W 164580		Due no later than Mar 31, 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. HOWELL INSURANCE AGENCY LLC PATRICIA R HOWELL 106 VALLEY VIEW DR HORSESHOE BEND ID 83629		PATRICIA R HOWELL 106 VALLEY VIEW DR HORSESHOE BEND ID 83629-8362	
				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	PATRICIA R HOWELL	106 VALLEY VIEW DR	HORSESHOE BEND	ID	USA 83629
5. Organized Under the Laws of: ID W 164580		6. Annual Report must be signed.* Signature: Pat Howell Name (type or print): Pat Howell Date: 01/29/2018 Title: Manager			
Processed 01/29/2018		* Electronically provided signatures are accepted as original signatures.			