

No. <b>W 164580</b>		<b>Due no later than Mar 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  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:  <b>ID</b> <b>W 164580</b>		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.							