

No. W 75000		Due no later than Jun 30, 2014		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. CONOVER INSURANCE AGENCY, TRANSPORTATION DIVISION, LLC TIFFINY SANDQUIST PO BOX 10088 YAKIMA WA 98909-1088 USA		INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705 USA		
				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
MEMBER	CONOVER INSURANCE SERVICES	PO BOX 10088	YAKIMA	WA	USA	98909
MEMBER	ANDREW EMERICK	PO BOX 90007	BELLEVUE	WA	USA	98009
MEMBER	AXIS INSURANCE LLC	PO BOX 90007	BELLEVUE	WA	USA	98009
MEMBER	CONOVER INSURANCE INC	PO BOX 10088	YAKIMA	WA	USA	98909
MEMBER	DAVID LARIVIERE	PO BOX 10088	YAKIMA	WA	USA	98909
MEMBER	CONSTANCE E MORROW	PO BOX 2528	TRI CITIES	WA	USA	99302
MEMBER	DENNIS GREEN	PO BOX 10088	YAKIMA	WA	USA	98909
MANAGER	BD AMUSEMENT LLC	218 MAIN STREET #460	KIRKLAND	WA	USA	98033
5. Organized Under the Laws of: WA W 75000		6. Annual Report must be signed.* Signature: Constance Morrow Name (type or print): Constance Morrow Date: 05/14/2014 Title: Member				
Processed 05/14/2014		* Electronically provided signatures are accepted as original signatures.				