

No. W 161931	Due no later than Feb 28, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. PNW INSURANCE SERVICES LLC DONALD J LEVIN 7897 S SADDLE BAG WAY NAMPA ID 83687		DONALD J LEVIN 7897 S SADDLE BAG WAY NAMPA ID 83687-8368			
			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	DONALD J LEVIN	7897 S. SADDLE BAG WAY	NAMPA	ID	USA	83687-9042
5. Organized Under the Laws of: ID W 161931		6. Annual Report must be signed.* Signature: Donald J. Levin Name (type or print): Donald J. Levin		Date: 02/28/2017 Title: Officer		
Processed 02/28/2017		* Electronically provided signatures are accepted as original signatures.				