

No. W 128641		Due no later than Aug 31, 2014 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		1. Mailing Address: Correct in this box if needed. GRYPHON INSURANCE SERVICES LLC KIRK WALTON 971 E WINDING CREEK DR STE 105 EAGLE ID 83616 USA		KIRK WALTON 245 E ROOSTER DR EAGLE ID 83616			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KIRK A WALTON	Street or PO Address 971 E WINDING CREEK DR SUITE 105	City EAGLE	State ID	Country USA	Postal Code 83616	
5. Organized Under the Laws of: ID W 128641		6. Annual Report must be signed.* Signature: Kirk Walton Name (type or print): Kirk Walton Date: 06/10/2014 Title: Managing Partner					
Processed 06/10/2014 * Electronically provided signatures are accepted as original signatures.							