No. W 71841	Due no later than Feb 28, 2014	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	MICHAEL R CHAPMAN			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	402 W CANFIELD AVE STE 2 COEUR D'ALENE ID 83815 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ROCKWOOD INSURANCE AGENCY, LLC MICHAEL R CHAPMAN PO BOX 1600				
	COEUR D ALENE ID 83816				
NO FILING FEE IF RECEIVED BY DUE DATE					
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 DAVE BABB	C/O CHAPMAN LAW OFFICE PO BOX 1600	COEUR D'ALENE	ID	USA	83816
5. Organized Under the Laws of: 6. Annual Report must be signed.*					
ID	Signature: Michael R. Chapman	Date: 01/07/2014			
W 71841	Name (type or print): Michael R. Chapman	Title: Authorized Agent			
Processed 01/07/2014	* Electronically provided signatures are accepted as original signatures.				