No. W 156276		Due no later than Sep 30, 2016		[2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. BOISE INSURANCE SPECIALISTS LLC 3601 OVERLAND RD BOISE ID 83705		TOM HEFFNER 911 HOUSTON RD BOISE ID 83705-8370 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of a	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER TIM H HEFF		NER	3601 OVERLAND RD		BOISE	ID	USA	83705
5. Organized Under the Laws of: ID W 156276		6. Annual Report must be signed.* Signature: Thomas heffner Name (type or print): Thomas heffner			Date: 08/22/2016 Title: President			
Processed 08/22/2016 * Electronically provided signatures are accepted as original signatures.								