

No. W 10690	Due no later than Jan 31, 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. POVEY INSURANCE, L.L.C. WADE G POVEY 2479 POVEY RD AMERICAN FALLS ID 83211		WADE G POVEY 2479 POVEY RD AMERICAN FALLS ID 83211			
			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
MANAGER	WADE G POVEY	2479 POVEY RD	AMERICAN FALLS	ID		83211
MANAGER	SUSAN S POVEY	2479 POVEY RD	AMERICAN FALLS	ID		83211
5. Organized Under the Laws of: ID W 10690	6. Annual Report must be signed.* Signature: Wade Povey Name (type or print): Wade Povey		Date: 12/01/2016 Title: mamager			
Processed 12/01/2016		* Electronically provided signatures are accepted as original signatures.				