

No. W 56237	Due no later than Nov 30, 2012 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. TREY KLAUSS INSURANCE AGENCY, LLC MALCOLM R KLAUSS 2947 E MAGIC VIEW DR STE 1 MERIDIAN ID 83642		MALCOLM R KLAUSS 2947 E MAGIC VIEW DR STE 1 MERIDIAN ID 83642			
			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	MALCOLM R KLAUSS	2571 W WAPOOT DR	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID W 56237	6. Annual Report must be signed.* Signature: Malcolm Klaus Name (type or print): Malcolm Klaus		Date: 09/13/2012 Title: Owner			
Processed 09/13/2012		* Electronically provided signatures are accepted as original signatures.				