| No. W 101134 | | Due no later than Mar 31, 2013 | | 2. Registered | 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. SQUARE-STONE INSURANCE LLC ALANA FLETCHER 3152 S BOWN WAY BOISE ID 83706 | | 5290 N JO | ALANA FLETCHER 5290 N JOE ROBBIE AVE BOISE ID 83713 3. New Registered Agent Signature:* | | | |
| | | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | DOISE 1D 03700 | | 01 <u>1111</u> 110 gid | | J. 141-141 | | |
| 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 ALANA J FLI | | ETCHER | 5290 N JOE ROBBIE AVE | BOISE | ID | USA | 83713 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Alana Fletcher | | | Date: 02/15/2013 | | | |
| W 101134 | | Name (type or print) | | Title: Owner | | | | |
| Processed 02/15/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |