

No. W 50163		Due no later than Apr 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO INSURANCE SPECIALISTS LLC DONALD MATHERN 7650 CHERRYWOOD DR BOISE ID 83704		DONALD MATHERN 7650 CHERRYWOOD DR BOISE 83704	
				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	KATHERYNE BROOKS MATHERN	7650 CHERRYWOOD DR	BOISE	ID	83704
5. Organized Under the Laws of: ID W 50163		6. Annual Report must be signed.* Signature: Katheryn Mathern Name (type or print): Katheryn Mathern Date: 02/23/2015 Title: Manager			
Processed 02/23/2015		* Electronically provided signatures are accepted as original signatures.			