No. <b>W 125307</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  JOHNSON INSURANCE BROKERAGE LLC  1519 N KNIGHTS DR  BOISE ID 83712		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					TODD JOHNSON 1519 N KNIGHTS DR BOISE ID 83712  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mes and Addresses of at	least one Member or Manager					
Office Held	Name	nes and Addresses of at	Street or PO Address	С	ity	State	Country	Postal Code
MEMBER TODD B JOH		HNSON	1519 N KNIGHTS DR	В	DISE	ID	USA	83712
5. Organized Under the Laws of:  ID  W 125307		6. Annual Report must be signed.* Signature: Todd Johnson Name (type or print): Todd Johnson			Date: 04/14/2017 Title: Owner			
Processed 04/14/2017 * Electronically provided signatures are accepted as original signatures.								