

No. W 119249		Due no later than Nov 30, 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		1. Mailing Address: Correct in this box if needed. GUZMAN INSURANCE LLC MICHELLE GUZMAN 416 S 5TH AVE A POCATELLO ID 83204 USA		MICHELLE GUZMAN 416 S 5TH STE A POCATELLO ID 83204			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name MICHELLE R GUZMAN	Street or PO Address 12831 W RESERVATION RD		City POCATELLO	State ID	Country USA	Postal Code 83202
5. Organized Under the Laws of: ID W 119249		6. Annual Report must be signed.* Signature: Michelle Guzman Name (type or print): Michelle Guzman Date: 09/22/2017 Title: MANAGER					
Processed 09/22/2017 * Electronically provided signatures are accepted as original signatures.							