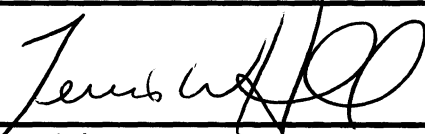


No. W 97874	Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CAPTIVE RISK MANAGEMENT SOLUTIONS, LLC TEVIS W HULL 95 TAMARACK LANE SAGLE ID 83860 USA		TEVIS W HULL 95 TAMARACK LN SAGLE ID 83860 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>TEVIS W. HULL</td> <td>95 TAMARACK LANE</td> <td></td> <td></td> <td>USA</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>SAGLE, ID 83860</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	TEVIS W. HULL	95 TAMARACK LANE			USA		Manager <input type="checkbox"/> Member <input type="checkbox"/>		SAGLE, ID 83860					Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	TEVIS W. HULL	95 TAMARACK LANE			USA																																	
Manager <input type="checkbox"/> Member <input type="checkbox"/>		SAGLE, ID 83860																																				
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 97874		6. Signature:  Name (type or print): <u>TEVIS W. HULL</u> Date: <u>3-14-2014</u> Title: <u>MANAGER</u>																																				

Issued 02/21/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM