No. W 162357	Du	Due no later than Feb 28, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. FARAHLYN HAMMONS INSURANCE AGENCY, LLC 139 PARKINSON RD FRANKLIN ID 83237		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 A FARAHLYN HAI 139 PARKINSC			FARAHLYN MICHELLE HAMMONS 139 PARKINSON RD FRANKLIN ID 83237 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE	Names and Addresse	s of at least one Member or Manager.					
Office Held Name	Names and Addresse	Street or PO Address	City	State	Country	Postal Code	
MEMBER FARAHLYN HAMMONS		139 PARKINSON ROAD	FRANKLIN	ID	USA	83237	
5. Organized Under the Laws of: 1D Signature: FARAHLYN H W 162357 Name (type or print): FA				Date: 03/09/2018 Title: MEMBER			
Processed 03/09/2018	* Electronically pr	* Electronically provided signatures are accepted as original signatures.					