No. W 131848 Return to:		Due no later than Dec 31, 2017 Annual Report Form	2. Registered Agent and Address (NO PO BOX) TONY WADE 106 N MAIN STREET DRIGGS ID 83422 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TONY WADE INSURANCE AGENCY, LLC TONY WADE PO BOX 740 DRIGGS ID 83422				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Compan	nies: Enter Nar	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER MANAGER	JULIE WADE TONY WADE		DRIGGS DRIGGS	ID ID	USA USA	83422 83422
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Tony Wade	Date: 12/07/2017			
W 131848		Name (type or print): Tony Wade	Title: Manager			
Processed 12/07/2017	* Electronically provided signatures are accepted as original signatures.					