

No. W 101838		Due no later than Mar 31, 2015		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. TWIN FALLS INSURANCE RESTORATION, LLC SCOTT RECORD 255 BLUE LAKES BLVD N #516 TWIN FALLS ID 83301		INES CRESPO 255 BLUE LAKES BLVD N #516 TWIN FALLS 83301	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	INES F CRESPO	255 BLUE LAKES BLVD N #516	TWIN FALLS	ID	USA 83301
5. Organized Under the Laws of: ID W 101838		6. Annual Report must be signed.* Signature: Ines Crespo Name (type or print): Ines Crespo Date: 01/21/2015 Title: Manager			
Processed 01/21/2015		* Electronically provided signatures are accepted as original signatures.			