| No. W 132477 | | Due no later than Dec 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---|---|---|---|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | BRIAN PETERSEN | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 700 WEST JEFFERSON PO BOX 83720 | | 1. Mailing Address: Correct in this box if needed. PETERSEN INSURANCE AGENCY, LLC AUBREY PO BOX 600 WENDELL ID 83355 | | 74 IDAHO ST SOUTH WENDELL ID 83355 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 AUBRE | Y ANI | NA SOUTHFIELD | 1918 E 2800 S | | WENDELL | ID | USA | 83355 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Aubrey Southfield | | | Date: 11/01/2017 | | | |
| W 132477 | | Name (type or print): Aubrey Southfield | | | Title: manager | | | |
| Processed 11/01/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |