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| No. W 78380 | Due no later than Oct 31, 2015 Annual Report Form | 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 | 1. Mailing Address: Correct in this box if needed. FULL ARMOR INSURANCE SERVICES, LLC B DOUGLAS BACON JR PO BOX 3463 COEUR D'ALENE ID 83816 | B DOUGLAS BACON JR 500 N. GOVERNMENT WAY STE 300 COEUR D'ALENE ID 83814 | | | | |
| | | 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 |
| MEMBER | ELIZABETH L BACON | 500 N GOVERNMENT WAY STE 300 | COEUR D'ALENE | ID | USA | 83814 |
| 5. Organized Under the Laws of: ID W 78380 | 6. Annual Report must be signed.* Signature: B Douglas Bacon Name (type or print): B Douglas Bacon Date: 10/28/2015 Title: Registered Agent | | | | | |
| Processed 10/28/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |