

No. W 72451		Due no later than Mar 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		1. Mailing Address: Correct in this box if needed. INSURE IDAHO, LLC BRENT DEARMOND 1693 S. SPRING VALLEY LN STE 200 MERIDIAN ID 83642 USA		BRENT DEARMOND 1693 S SPRING VALLEY LN STE 200 MERIDIAN 83642			
NO FILING FEE IF RECEIVED BY DUE DATE				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 MANAGER	CARRIE PURCHASE BRENT DEARMOND	2108 S RIPTIDE PLACE 4241 N. EDELWEISS ST.	MERIDIAN BOISE	ID ID	USA USA	83642 83713	
5. Organized Under the Laws of: ID W 72451		6. Annual Report must be signed.* Signature: Brent DeArmond Name (type or print): Brent DeArmond Date: 04/10/2015 Title: Managing Member					
Processed 04/10/2015 * Electronically provided signatures are accepted as original signatures.							