

No. W 115921		Due no later than Jul 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. PROPERTY SOLUTIONS INSURANCE AGENCY, LLC 2912 EXECUTIVE PARKWAY STE 100 LEHI UT 84043 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
				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	DAVID BATEMAN	2912 EXECUTIVE PARKWAY STE 100	LEHI	UT	USA	84043	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
UT W 115921		Signature: DAVID BATEMAN				Date: 07/15/2015	
		Name (type or print): DAVID BATEMAN				Title: MANAGER	
Processed 07/15/2015		* Electronically provided signatures are accepted as original signatures.					