





## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney ANNUAL REPORT

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-FILED-

File #: 0004752711

Date Filed: 5/19/2022 11:07:55 AM

| Entity Name and Mailing Address:  |  | DET  |                   |   |  |       |  |                  |  |
|---|--|--|-------------------|---|--|-------|--|------------------|--|
| Entity Name:  |  | PETS BEST INSURANCE SERVICES, LLC  |                   |   |  |       |  |                  |  |
| The file number of this entity on the records of the Idaho Secretary of State is:                     |  | 0000168065   |                   |   |  |       |  |                  |  |
| Address   |  | 2323 S VISTA AVE   |                   |   |  |       |  |                  |  |
|   |  | STE  |                   |   |  |       |  |                  |  |
|   |  | BOIS   | SE, ID 83705-7343 |   |  |       |  |                  |  |
| Entity Details:   |  |  |                   |   |  |       |  |                  |  |
| Entity Status   |  | Active-Existing  |                   |   |  |       |  |                  |  |
| This entity is organized under the laws of:   |  | IDAHO  |                   |   |  |       |  |                  |  |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: |  | W52152   |                   |   |  |       |  |                  |  |
| The registered agent on record is:  |  |  |                   |   |  |       |  |                  |  |
| Registered Agent  |  | CT CORPORATION SYSTEM  |                   |   |  |       |  |                  |  |
|   |  | Commercial Registered Agent  |                   |   |  |       |  |                  |  |
|   |  | Physical Address 921 S ORCHARD ST STE G BOISE, ID 83705 Mailing Address 921 S ORCHARD ST STE G |                   |   |  |       |  |                  |  |
|   |  |  |                   |   | BOISE, ID 83705                                |       |  |                  |  |
|   |  |  |                   |   | Agent or Address Change                        |       |  |                  |  |
|   |  |  |                   |   | Select if you are appointing a new agent.      |       |  |                  |  |
|   |  |  |                   |   | Limited Liability Company Managers and Members |       |  |                  |  |
|   |  |  |                   |   | Name   | TItle |  | Business Address |  |
|   |  | Synchrony Financial  | Manager           |   | 777 LONG RIDGE ROAD<br>STAMFORD, CT 06902      |       |  |                  |  |
|   |  |  |                   | _ |  |       |  |                  |  |
| The annual report must be signed by an authorized signer of the entity.                               |  |  |                   |   |  |       |  |                  |  |
| Job Title: Power of Attorney  |  |  |                   |   |  |       |  |                  |  |
|   |  |  |                   |   |  |       |  |                  |  |
| Brad Slenker  |  |  | 05/19/2022        |   |  |       |  |                  |  |
| Sign Here   |  |  | Date              |   |  |       |  |                  |  |