No. W 131150			Due no later than Nov 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		BOISE RIN BRETT M 41 S BALT	Annual Report Form 1. Mailing Address: Correct in this box if needed. BOISE RIVER INSURANCE, LLC BRETT MURPHY 41 S BALTIC AVE STE 100 MERIDIAIN ID 83642		BRETT MURPHY 324 N HAVASU CT EAGLE ID 83616 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nat		r Names and Addr	esses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRETT	MURPHY	324 N HAVASU CT	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 131150		Signature	6. Annual Report must be signed.* Signature: BRETT MURPHY Name (type or print): BRETT MURPHY Date: 09/18/2015 Title: PRESIDENT					
Processed 09/18/2015 * Electronically provided signatures are accepted as original signatures.								