

No. W 37981		Due no later than Mar 31, 2016		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. MAGNUM OPUS INSURANCE SERVICES, LLC CHARLES S WINSTON 5803 N. ROTHMANS AVE. BOISE ID 83713		CHARLES S WINSTON 5803 N ROTHMANS DR 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	CHARLES S WINSTON	5803 N ROTHMANS DR	BOISE	ID	83713
5. Organized Under the Laws of: ID W 37981		6. Annual Report must be signed.* Signature: Charles S. Winston Name (type or print): Charles S. Winston Date: 01/18/2016 Title: Managing Member			
Processed 01/18/2016		* Electronically provided signatures are accepted as original signatures.			