No. **W 104132**	**Due no later than Jun 30, 2014** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** SHARP INSURANCE LLC JARED SHARP 868 WASHINGTON MONTPELIER ID 83254 USA	JARED SHARP 868 WASHINGTON MONTPELIER ID 83254 3. New 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	JARED SHARP	868 WASHINGTON	MONTPELIER	ID	USA	83254

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 104132**	Signature: Jared Sharp	Date: 04/14/2014
	Name (type or print): Jared Sharp	Title: Owner, Manager

Processed 04/14/2014

* Electronically provided signatures are accepted as original signatures.