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|--|-------------------|---|-------|--|---------|-------------|--|
| No. W 185844 | | Due no later than Jul 31, 2018 | | 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. PETERSON INSURANCE GROUP, LLC MARK M PETERSON 12300 W FAIRVIEW AVE BOISE ID 83713 | | CHAD MILLER 5046 N KNOLLWOOD AVE BOISE ID 83703-8370 | | | |
| | | | | 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 | |
| MEMBER | PETER N. PETERSON | 9101 W. FAIRVIEW AVENUE | BOISE | ID | USA | 83704 | |
| MEMBER | BRADY H. PETERSON | 9101 W. FAIRVIEW AVENUE | BOISE | ID | USA | 83704 | |
| MEMBER | MARK M. PETERSON | 9101 W. FAIRVIEW AVENUE | BOISE | ID | USA | 83704 | |
| 5. Organized Under the Laws of: ID W 185844 | | 6. Annual Report must be signed.* Signature: Brady H. Peterson Name (type or print): Brady H. Peterson | | | | | |
| Date: 06/29/2018 Title: Member | | | | | | | |
| Processed 06/29/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |