No. **W 36963**	**Due no later than Feb 29, 2016** **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.** ASSOCIATED INSURANCE SERVICES LLC JOHN R GRAHAM 3380 W ELDER ST BOISE ID 83705	JOHN R GRAHAM 3380 W ELDER ST BOISE ID 83705 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	JOHN R GRAHAM	3380 ELDER	BOISE	ID		83705

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 36963**	Signature: JOHN R GRAHAM	Date: 12/21/2015
	Name (type or print): JOHN R GRAHAM	Title: MANAGER

Processed 12/21/2015

* Electronically provided signatures are accepted as original signatures.