No. <b>W 66246</b>		Due no later than Aug 31, 2014	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BOWEN INSURANCE GROUP, LLC KELLY BOWEN 218 W 13TH ST PO BOX 1064 BURLEY ID 83318	KELLY BOWEN 218 W 13TH ST BURLEY ID 83318  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		USA				
4. Limited Liability Compa	anies: Enter Nan	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	KELLY BOWE	N 218 W 13TH ST	BURLEY	ID	USA	83318
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Kelly Bowen	Date: 06/16/2014			
W 66246		Name (type or print): Kelly Bowen	Title: Owner/Manager			
Processed 06/16/2014 * Electronically provided signatures are accepted as original signatures.						