

No. W 125841		Due no later than May 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ARAN INSURANCE AGENCY OF ARIZONA LLC ARAN 300 ROSEWOOD DRIVE SUITE 250 DANVERS MA 01923		UNITED CORPORATE SERVICES INC 1215 W HAYS BOISE ID 83702			
				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	TIM KENNY	10851 N. BLACK CANYON HWY SUITE 200	PHOENIX	AZ	USA	85029	
MANAGER	JOHN LACAVA	10851 N BLACK CANYON HWY SUITE 200	PHOENIX	AZ	USA	85029	
MANAGER	MIKE SCHOFIELD	10851 N BLACK CANYON HWY SUITE 200	PHOENIX	AZ	USA	85029	
MANAGER	SCOTT W EASTLAND	10851 N BLACK CANYON HWY SUITE 200	PHOENIX	AZ	USA	85029	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
AZ W 125841		Signature: Scott Eastland			Date: 03/20/2018		
		Name (type or print): Scott Eastland			Title: Manager		
Processed 03/20/2018		* Electronically provided signatures are accepted as original signatures.					