

No. W 56172		Due no later than Nov 30, 2013		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. ALL COVERAGE INSURANCE LLC KACY LEE GEHRING 223 IDAHO ST AMERICAN FALLS ID 83211 USA		KACY LEE GEHRING 223 IDAHO ST AMERICAN FALLS ID 83211	
				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	KACY LEE GEHRING	2590 QUIGLEY RD	AMERICAN FALLS	ID	USA 83211
5. Organized Under the Laws of: ID W 56172		6. Annual Report must be signed.* Signature: Kacy Lee Gehring Name (type or print): Kacy Lee Gehring Date: 09/20/2013 Title: Member			
Processed 09/20/2013		* Electronically provided signatures are accepted as original signatures.			