No. **W 118289**	**Due no later than Oct 31, 2015** **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.** LUPIEN INSURANCE LLC DAVID TODD LUPIEN 1560 N CRESTMONT DR. SUITE C MERIDIAN ID 83642	DAVID LUPIEN 1560 N CRESTMONT DR STE C MERIDIAN ID 83642 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
MEMBER	DAVID TODD LUPIEN	684 S STIBNITE AVE.	KUNA	ID	USA	83634

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 118289**	Signature: David Lupien	Date: 08/17/2015
	Name (type or print): David Lupien	Title: Owner

Processed 08/17/2015

* Electronically provided signatures are accepted as original signatures.