No. W 27615		Due no later than Dec 31, 2013		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ROBERT L	ROBERT L HENRY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HENRY INSURANCE AGENCY, LLC SCOTT P'POOL 904 12TH AVE SOUTH NAMPA ID 83651		NAMPA ID	904 12TH AVE SOUTH NAMPA ID 83651 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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 ROBERT L H		HENRY	904 12TH AVE SOUTH	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: R		Date: 12/06/2013				
W 27615		Name (type o		Title: Manager				
Processed 12/06/2013 * Electronically provided signatures are accepted as original signatures.								