No. W 112977		Due no later than Apr 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CHRISTINA STROUD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	NORTHERN IN CHRISTINA S 7349 W LIMEL	1. Mailing Address: Correct in this box if needed. NORTHERN INSURANCE SOLUTIONS, LLC CHRISTINA STROUD 7349 W LIMELIGHT CT BOISE ID 83714 3. New Registered Agent Signal		gnature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	:						
4. Limited Liability Companies: E	nter Names and Addresse	s of at least one Member or Manager.					
Office Held Name	е	Street or PO Address	City	State	Country	Postal Code	
MEMBER CHRI	STINA J STROUD	7349 W LIMELIGHT CT	BOISE	ID		83714-2061	
5. Organized Under the Laws of	: 6. Annual Report	6. Annual Report must be signed.*					
l 1D	Signature: Ch	Signature: Christina Stroud		Date: 04/09/2016			
W 112977	Name (type or	Name (type or print): Christina Stroud		Title: Member			
Processed 04/09/2016	* Electronically p	* Electronically provided signatures are accepted as original signatures.					