No. W 87472				2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LEE S HOLLADAY 8350 PARTRIDGE DR NAMPA ID 83686			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.		- 1				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		BEST CHOICE INSURANCE AGENCY LLC LEE S HOLLADAY 8350 PARTRIDGE DR			וייואר ענ איזייואר ווייואר			
		NAMPA ID 83686		3.	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code
MANAGER LEE S HOLL		ADAY	8350 PARTRIDGE DR	N	IAMPA	ID	USA	83686-5082
5. Organized Under the Laws of:		6. Annual Report must						
ID W 87472		Signature: Lee Holladay			Date: 09/06/2011			
		Name (type or print): Lee Holladay			Title: Manager			
Processed 09/06/2011 * Electronically provided signatures are accepted as original signatures.						·		