No. **W 82831**	**Due no later than Apr 30, 2014**	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.** IDAHO INSURANCE SOLUTIONS, LLC CLARK W NIELSEN 5418 N EAGLE RD SUITE 170 BOISE ID 83713-0999 USA	CLARK NIELSEN 5418 N EAGLE RD SUITE 170 BOISE ID 83713-0999 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	CLARK W NIELSEN	5418 N EAGLE RD SUITE 170	BOISE	ID	USA	83713-0999

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 82831**	Signature: Clark Nielsen	Date: 02/10/2014
	Name (type or print): Clark Nielsen	Title: Member

Processed 02/10/2014

* Electronically provided signatures are accepted as original signatures.