

No. W 98843		Due no later than Dec 31, 2016 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		1. Mailing Address: Correct in this box if needed. ELITE INSURANCE CONCEPTS LLC TYLER SCHWENDIMAN 919 SOUTH 25TH EAST AMMON ID 83406		TYLER SCHWENDIMAN 5304 TILLY CIR AMMON ID 83406			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name TYLER SCHWENDIMAN	Street or PO Address 5304 TILLY CIR		City AMMON	State ID	Country USA	Postal Code 83401
5. Organized Under the Laws of: ID W 98843		6. Annual Report must be signed.* Signature: tyler schwendiman Name (type or print): tyler schwendiman Date: 11/21/2016 Title: member					
Processed 11/21/2016 * Electronically provided signatures are accepted as original signatures.							