

No. W 66675		Due no later than Sep 30, 2017 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. S & D INSURANCE LLC SHAUNA M HIEDEMAN 1301 E 16TH ST BURLEY ID 83318		SHAUNA M HIEDEMAN 1301 E 16TH ST BURLEY ID 83318		
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 MANAGER	Name SHAUNA M HIEDEMAN	Street or PO Address PO BOX 34	City BURLEY	State ID	Country	Postal Code 83318
5. Organized Under the Laws of: ID W 66675	6. Annual Report must be signed.* Signature: Shauna Hiedeman Name (type or print): Shauna Hiedeman					Date: 08/04/2017 Title: manager
Processed 08/04/2017 * Electronically provided signatures are accepted as original signatures.						