No. W 144884		Due no later than Dec 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TAYLOR BA	TAYLOR BALLARD HYMAS 658 OVERLAND AVE STE 3 BURLEY ID 83318			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		BALLARD INSURANCE GROUP-BURLEY, LLC TAYLOR BALLARD HYMAS 658 OVERLAND AVE STE 3		DOKEET ID				
		BURLEY ID 83318		3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Con	npanies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	TAYLOR BAI	LLARD HYMAS	658 OVERLAND AVE SUITE 3	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 144884		Signature: Taylor Ballard Hymas			Date: 01/19/2017			
		Name (type or		Title: Owner				
Processed 01/19/2017 * Electronically provided signatures are accepted as original signatures.						_		