

No. W 71878		Due no later than Feb 29, 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. WESTPORT INSURANCE ADVISORS, LLC CHRIS STEVENSON PO BOX 5694 TWIN FALLS ID 83303		CHRIS STEVENSON 561 MAIN AVE EAST TWIN FALLS ID 83301		3. <u>New</u> 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	CHRIS STEVENSON	378 LENORE #1	TWIN FALLS	ID		83301	
5. Organized Under the Laws of: ID W 71878		6. Annual Report must be signed.* Signature: Chris Stevenson Name (type or print): Chris Stevenson		Date: 02/27/2016 Title: owner			
Processed 02/27/2016		* Electronically provided signatures are accepted as original signatures.					