

No. W 167841	Due no later than Jun 30, 2018 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. KEVIN LISH INSURANCE, LLC KEVIN LISH 838 E CLARK ST POCATELLO ID 83201 USA		KEVIN LISH 838 E CLARK ST POCATELLO ID 83201-8320			
			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
MANAGER	KEVIN LISH	838 E.	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 167841		6. Annual Report must be signed.* Signature: Richard Kevin Lish Name (type or print): Richard Kevin Lish		Date: 04/23/2018 Title: Manager		
Processed 04/23/2018		* Electronically provided signatures are accepted as original signatures.				