No. **W131365**	**Due no later than Nov 30, 2014** **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.** M&W INSURANCE SERVICES, LLC GRANT E WEBER 291 WARREN AVE LATHROP CA 95330	BILL DEAL 70O W STATE FL 3 BOISE ID 83702 3. New 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	GRANT E WEBER	291 WARREN AVE	LATHROP	CA	USA	95330

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
CA **W131365**	Signature: Grant E. Weber	Date: 09/25/2014
	Name (type or print): Grant E. Weber	Title: President

Processed 09/25/2014

* Electronically provided signatures are accepted as original signatures.