No. W 124373	Due no later than Apr 30, 2015		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ON			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. LAMPLIGHT INSURANCE SOLUTIONS LLC KEEFAN CARON 1250 S ALLANTE AVE BOISE ID 83709 USA		No. of Control	1250 S ALLANTE AVE BOISE 83709			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			BOISE 637				
			3. <u>New</u> Register	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	ames and Addresse	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER KEEFAN JA	MES CARON	2898 LOON CREEK	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:	6. Annual Report	6. Annual Report must be signed.*					
ID	Signature: Keefan Caron			Date: 02/28/2015			
W 124373	Name (type or print): Keefan Caron			Title: President			
Processed 02/28/2015	* Electronically provided signatures are accepted as original signatures.						