

No. W 20466	Due no later than Aug 31, 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. CENTRAL IDAHO CLAIMS, LLC DANIEL D SUMMERS PO BOX 1774 KETCHUM ID 83340 USA		DANIEL D SUMMERS 371 W WARM SPRINGS RD KETCHUM ID 83340			
			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	DANIEL D SUMMERS	PO BOX 1774	KETCHUM	ID	USA	83340
MEMBER	SHEILA SUMMERS	PO BOX 1774	KETCHUM	ID	USA	83340
5. Organized Under the Laws of: ID W 20466	6. Annual Report must be signed.* Signature: Daniel D Summers Name (type or print): Daniel D Summers		Date: 06/11/2014 Title: Member			
Processed 06/11/2014		* Electronically provided signatures are accepted as original signatures.				