

No. <b>W 146796</b>	<b>Due no later than Jan 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> CROFOOT INSURANCE LLC BART CROFOOT 33 RED ROCK STAGE ROAD SALMON ID 83467 USA		BART CROFOOT 33 RED ROCK STAGE ROAD SALMON ID 83467			
			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	BART S CROFOOT	33 RED ROCK STAGE ROAD	SALMON	ID	USA	83467
5. Organized Under the Laws of:  <b>ID</b> <b>W 146796</b>	6. Annual Report must be signed.* Signature: Bart Crofoot Name (type or print): Bart Crofoot		Date: 12/29/2016 Title: owner and manager			
Processed 12/29/2016		* Electronically provided signatures are accepted as original signatures.				