

No. W 100803	Due no later than Feb 28, 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. PACIFIC CREST INSURANCE COEUR D'ALENE LLC STEPHANIE R NELSON 320 E NEIDER AVE #202 COEUR D ALENE ID 83815		STEPHANIE NELSON 320 E NEIDER AVE #202 COEUR D ALENE ID 83815			
			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	STEPHANIE R NELSON	212 W IRONWOOD DR D-612	COEUR D'ALENE	ID	USA	83814
MEMBER	ROBERT L NELSON	212 W IRONWOOD DR D-612	HAYDEN	ID	USA	83814
5. Organized Under the Laws of: ID W 100803	6. Annual Report must be signed.* Signature: Stephanie R Nelson Name (type or print): Stephanie R Nelson		Date: 02/03/2018 Title: Member			
Processed 02/03/2018		* Electronically provided signatures are accepted as original signatures.				