

No. W 50163		Due no later than Apr 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		1. Mailing Address: Correct in this box if needed. IDAHO INSURANCE SPECIALISTS LLC DONALD MATHERN 7650 CHERRYWOOD DR BOISE ID 83704		DONALD MATHERN 7650 CHERRYWOOD DR BOISE ID 83704			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KATHERYNE BROOKS MATHERN	Street or PO Address 7650 CHERRYWOOD DR		City BOISE	State ID	Country USA	Postal Code 83704
5. Organized Under the Laws of: ID W 50163		6. Annual Report must be signed.* Signature: Donald Mathern Name (type or print): Donald Mathern Date: 02/16/2014 Title: Owner					
Processed 02/16/2014 * Electronically provided signatures are accepted as original signatures.							