No. W 96866		Due no later than Oct 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. AIM INSURANCE SOLUTIONS LLC JOYCE LOOS PO BOX 467 TWIN FALLS ID 83303		JOYCE LOOS 598 ADDISON AVE W TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PC	O Address	City	State	Country	Postal Code
MEMBER JOYCE L LOC		OS 4116 N MEA	DOW RIDGE CIR	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 96866		Signature: Joyce L Loos		Date: 08/30/2018			
		Name (type or print): Joyce L Loos		Title: Member			
Processed 08/30/2018 * Electronically provided signatures are accepted as original signatures.							