| No. W 87312 | | Due no later than Sep 30, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|--------------------------------|--|---|---------|-------------|--|
| Return to: | Annual Report Form | | The state of the s | TYLER SCHWENDIMAN | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. INSURE IT ALL LLC TYLER SCHWENDIMAN 919 SOUTH 25TH EAST | | | 5304 TILDY CIRCLE AMMON ID 83406 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | | | | |
| | AMMON ID 83406 | | 3. <u>New</u> Register | 3. New Registered Agent Signature:* | | | |
| 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 PO Address | City | State | Country | Postal Code | |
| MEMBER TYLER SCHWENDIMAN | | 5304 TILDY CIR | AMMON | ID | USA | 83406 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | |
| ID | Signature: tylei | r schwendiman | | Date: 10/17/2017 | | | |
| W 87312 | Name (type or print): tyler schwendiman | | | Title: member | | | |
| Processed 10/17/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | |