No. **W 131459**	**Due no later than Nov 30, 2015** **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.** BLISS INSURANCE, LLC GARY BLISS 533 W 300 N PAUL ID 83347	GARY BLISS 533 W 300 N PAUL ID 83347 3. New 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	GARY BLISS BLISS INSURANCE, LLC	533 W 300 N	PAUL	ID	USA	83347-8759

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 131459**	Signature: GARY BLISS	Date: 09/18/2015
	Name (type or print): GARY BLISS	Title: OWNER

Processed 09/18/2015

* Electronically provided signatures are accepted as original signatures.