

No. W 96866		Due no later than Oct 31, 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		1. Mailing Address: Correct in this box if needed. AIM INSURANCE SOLUTIONS LLC ATTN JOYCE LOOS PO BOX 467 TWIN FALLS ID 83303		JOYCE LOOS 131 GOODING ST WEST TWIN FALLS ID 83301			
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 MEMBER	Name JOYCE L LOOS	Street or PO Address 4116 MEADOWRIDGE CIRCLE		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of: ID W 96866		6. Annual Report must be signed.* Signature: Joyce Loos Name (type or print): Joyce Loos Date: 10/26/2015 Title: Principal					
Processed 10/26/2015 * Electronically provided signatures are accepted as original signatures.							