No. <b>W 158103</b>		Due no later than Nov 30, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SHAWN KERR INSURANCE AGENCY LLC  SHAWN KERR  1045 S ANCONA AVE STE 150  EAGLE ID 83616	11257 W S NAMPA ID	SHAWN KERR 11257 W SILVER LOOP NAMPA ID 83686  3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Manager.	or <u>new</u> Region		gridearer	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	SHAWN KER	R 11257 W SILVER LOOP	NAMPA	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID W 158103		Signature: Shawn Kerr	Date: 09/26/2016			
		Name (type or print): Shawn Kerr	Title: Member			
Processed 09/26/2016 * Electronically provided signatures are accepted as original signatures.						