

No. W 30649		Due no later than May 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. EVANS FINANCIAL & INSURANCE LLC KIM EVANS 8660 W EMERALD ST 182 BOISE ID 83704		KIM EVANS 8660 W EMERALD ST SUITE 182 BOISE ID 83704	
				3. <u>New</u> 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	KIM EVANS	7184 S FLAT LANE	KUNA	ID	83634
MEMBER	SUSAN EVANS	7184 S FLAT LANE	KUNA	ID	83634
5. Organized Under the Laws of: ID W 30649		6. Annual Report must be signed.* Signature: Kim evans Name (type or print): Kim evans Date: 06/08/2015 Title: managing member			
Processed 06/08/2015		* Electronically provided signatures are accepted as original signatures.			