No. <b>W 151521</b>		Due no later than May 31, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  SARAH TAYLOR INSURANCE, LLC SARAH TAYLOR 2822 S LAURELHURST DR BOISE ID 83705 USA		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					SARAH E TAYLOR 2822 S LAURELHURST DT BOISE ID 83705  3. New Registered Agent Signature:*			
				BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	panies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	SARAH E T	AYLOR	2822 S LAURELHURST DR	BOISE	ID	USA	83705	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 151521		Signature: Sarah E Taylor		Dat	Date: 03/21/2016			
		Name (type or	Tit	Title: Registered Agent				
Processed 03/21/2016		* Electronically provided signatures are accepted as original signatures.						