No. W 104436	Du	Due no later than Jun 30, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CORPORATION SERVICE COMPANY				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	VERACITY INS JULIE STAFFC 260 S 2500 W	1. Mailing Address: Correct in this box if needed. VERACITY INSURANCE SOLUTIONS, LLC JULIE STAFFORD 260 S 2500 W STE 303 PLEASANT GROVE UT 84062		12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter	Names and Addresse	s of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MANAGER DARYLE	E STAFFORD	260 S 2500 W STE 303	PLEASANT GROVE	υT	USA	84062		
5. Organized Under the Laws of: 6. Annual Report n		3		D				
υ τ	Signature: Dai	Signature: Daryle Stafford		Date: 07/03/2018				
W 104436	Name (type or	Name (type or print): Daryle Stafford			Title: Manager			
Processed 07/03/2018	* Electronically pr	* Electronically provided signatures are accepted as original signatures.						