

No. W 60586		Due no later than Mar 31, 2018		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. NEW WEST INSURANCE, L.L.C. ATTN: ERIN PERKINS PO BOX 5859 KETCHUM ID 83340-5859		MICHAEL N SMITH 280 W 2ND ST KETCHUM ID 83340	
				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
MEMBER	MICHAEL N SMITH	PO BOX 5859	KETCHUM	ID	83340
5. Organized Under the Laws of: ID W 60586		6. Annual Report must be signed.* Signature: Erin Perkins Name (type or print): Erin Perkins Date: 03/14/2018 Title: Account Manager			
Processed 03/14/2018		* Electronically provided signatures are accepted as original signatures.			