No. W 94886		Due no later than Jul 31, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LESLIE J BA	LESLIE J BAILEY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BAILEY INSURANCE SERVICES, LLC LESLIE J BAILEY 4234 N PORTAGE AVE MERIDIAN ID 83646		MERIDIAN II	4234 N PORTAGE AVE MERIDIAN ID 83646 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	LESLIE JAN	BAILEY	4234 N. PORTAGE AVE.	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Leslie Bailey			Date: 05/22/2018			
W 94886		Name (type or print): Leslie Bailey			Title: Manager			
Processed 05/22/2018 * Electronically provided signatures are accepted as original signatures.								