

No. <b>W 70163</b>	<b>Due no later than Jan 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> GALEN K BILLS 255 W GRIFFITH RD POCATELLO ID 83201
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> BUDGET INSURANCE AGENCY, LLC <del>GALEN K BILLS,</del> John M. 255 W GRIFFITH RD POCATELLO ID 83201		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.
 

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<b>JOHN M. BILLS, 255 W. GRIFFITH RD., POCATELLO, ID 83201</b>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO W 70163</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">           Signature: <u><b>Galen K. Bills</b></u> </td> <td style="width: 40%; padding: 5px;">           Date: <u><b>11/29/2016</b></u> </td> </tr> <tr> <td style="padding: 5px;">           Name (type or print): <u><b>GALEN K. BILLS</b></u> </td> <td style="padding: 5px;">           Title: <u><b>MANAGER</b></u> </td> </tr> </table>	Signature: <u><b>Galen K. Bills</b></u>	Date: <u><b>11/29/2016</b></u>	Name (type or print): <u><b>GALEN K. BILLS</b></u>	Title: <u><b>MANAGER</b></u>
Signature: <u><b>Galen K. Bills</b></u>	Date: <u><b>11/29/2016</b></u>				
Name (type or print): <u><b>GALEN K. BILLS</b></u>	Title: <u><b>MANAGER</b></u>				

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