No. <b>W 4413</b>	D	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form			GROVER CHRIS CHATTERTON			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  CHATTERTON INSURANCE AGENCY, LLC  CHRIS CHATTERTON  3870 EAST LINCOLN ROAD		GENERAL DE REMINERAL DE PROPERTIE DE PRO-	3870 E LINCOLN IDAHO FALLS ID 83401			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			15/11/01/1225				
	IDAHO FALLS ID 83401		3. <u>New</u> Registere	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CHRIS CHA	TTERTON	3870 E LINCOLN	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:	6. Annual Repor	't must be signed.*					
ID	Signature: G. Chris Chatterton			Date: 05/24/2016			
W 4413	Name (type o		Title: Manager				
Processed 05/24/2016	* Electronically provided signatures are accepted as original signatures.						