No. W 184616	Due no later than Jun 30, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	DEAN L CAMERON, IDAHO DEPT OF 700 W STATE ST 3RD FL			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. COZY INSURANCE SERVICES, LLC OMID ASHTARI 3514 N VANCOUVER AVE STE 400	BOISE ID 83702			
	PORTLAND OR 97227	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter N	ames and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MANAGER OMID ASH	TARI 3514 N VANCOUVER AVE STE 400	PORTLAND	OR	USA	97227
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
FL.	Signature: Omid Ashtari	Date: 04/30/2018			
W 184616	Name (type or print): Omid Ashtari	Title: Vice President			
Processed 04/30/2018	* Electronically provided signatures are accepted as original signatures.				