

No. W 84625		Due no later than Jun 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FIRST CHOICE INSURANCE, LLC DEWIGHT M LEE 1308 E CENTER ST POCATELLO ID 83201		DEWIGHT M LEE 658 W 45 S BLACKFOOT ID 83221			
NO FILING FEE IF RECEIVED BY DUE DATE				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	LYNDSAY R LEE	658 W 45 S	BLACKFOOT	ID	USA	83221	
MANAGER	DEWIGHT M LEE	658 W 45 S	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID W 84625		6. Annual Report must be signed.* Signature: Dewight M Lee Name (type or print): Dewight M Lee					
		Date: 05/11/2017 Title: Manager					
Processed 05/11/2017 * Electronically provided signatures are accepted as original signatures.							