

No. <b>W 84625</b>		<b>Due no later than Jun 30, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  FIRST CHOICE INSURANCE, LLC DEWIGHT M LEE 1308 E CENTER ST POCA TELLO ID 83201		DEWIGHT M LEE 658 W 45 S BLACKFOOT ID 83221			
				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:  <b>ID W 84625</b>		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.					