

No. <b>W 109367</b>	<b>Due no later than Dec 31, 2014</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> SCI INSURANCE, LLC JOSEPH S. PICCIONE 3354 N TYLERSON AVE BOISE ID 83713 USA	JOSEPH S PICCIONE 3354 N TYLERSON AVE BOISE 83713	
		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
MANAGER	JOSEPH S. PICCIONE	3354 N. TYLERSON AVE.	BOISE ID USA 83713
5. Organized Under the Laws of:  <b>ID W 109367</b>	6. Annual Report must be signed.* Signature: Joseph S. Piccione Date: 10/24/2014 Name (type or print): Joseph S. Piccione Title: Managing Member		
Processed 10/24/2014		* Electronically provided signatures are accepted as original signatures.	