

|  |                  |  |      |   |         |                  |  |
|--|------------------|--|------|---|---------|------------------|--|
| No. <b>W 138883</b>  |                  | <b>Due no later than Jun 30, 2016</b>  |      | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>DANIEL INSURANCE LLC<br>ELISE A DANIEL<br>10781 S CLOVERDALE RD<br>KUNA ID 83634 |      | ELISE A DANIEL<br>10781 S CLOVERDALE RD<br>KUNA ID 83634-8363 |         |                  |  |
|  |                  |  |      | 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  | ELISE ANN DANIEL | 10781 S. CLOVERDALE ROAD   | KUNA | ID  | USA     | 83634            |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |      |   |         |                  |  |
| <b>ID<br/>W 138883</b>   |                  | Signature: Elise Daniel  |      |   |         | Date: 04/26/2016 |  |
|  |                  | Name (type or print): Elise Daniel   |      |   |         | Title: Manager   |  |
| Processed 04/26/2016   |                  | * Electronically provided signatures are accepted as original signatures.  |      |   |         |                  |  |