No. W 84625

Return to:
SECRETARY OF STATE
450 N 4th STREET
PO BOX 83720
BOISE, ID 83720-0080

REINSTATEMENT
FEE DUE: $30.00

Reinstatement Annual Report Form
ADMIN DISSOLVED 09/07/2010

1. Mailing Address: Correct in this box if needed.

FIRST CHOICE INSURANCE, LLC
DEWIGHT M LEE
920 DEON DR SUITE ~~K~~ J.
POCATELLO ID 83201

2. Registered Agent and Office **(NOT A P.O. BOX)**
DEWIGHT M LEE
240 FAIRWAY DR
POCATELLO ID 83201

3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Owner Mgr/Mbr	Dewight M Lee	920 Deon Dr. Ste J.	Pocatello	ID	USA	83201
Owner Mgr/Mbr.	Lyndsay R Lee	920 Deon Dr. Ste J.	Pocatello	ID	USA	83201

5. Organized Under the Laws of:
IDAHO
W 84625

6.
Signature: Dewight M Lee Date: 10/1/10
Name (type or print): Dewight M Lee Title: Owner Mgr/Mbr.

Issued 10/01/2010 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the