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| No. W 162161 | | Due no later than Feb 28, 2017 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. ANTHONY INSURANCE GROUP, LLC 226 WINDING RIDGE DR HORSESHOE BEND ID 83629 | | STACIE ANTHONY 226 WINDING RIDGE DR HORSESHOE BEND ID 83629-8362 | |
| | | | | 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 | STACIE ANTHONY | 226 WINDING RIDGE DR | HORSESHOE BEND | ID | 83629 |
| 5. Organized Under the Laws of: ID W 162161 | | 6. Annual Report must be signed.* Signature: Stacie Anthony Name (type or print): Stacie Anthony Date: 02/04/2017 Title: Owner | | | |
| Processed 02/04/2017 | | * Electronically provided signatures are accepted as original signatures. | | | |