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| No. W 96866 | Due no later than Oct 31, 2011 Annual Report Form | 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. AIM INSURANCE SOLUTIONS LLC JOYCE LOOS 833 ROSEWOOD DR TWIN FALLS ID 83301 | JOYCE LOOS 405 BROADWAY AVE NORTH BUHL ID 83316 | | | | |
| | | 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 | JOYCE L LOOS | 833 ROSEWOOD DR | TWIN FALLS | ID | USA | 83301 |
| 5. Organized Under the Laws of: ID W 96866 | 6. Annual Report must be signed.* Signature: Joyce Loos Name (type or print): Joyce Loos | | Date: 08/29/2011 Title: Owner | | | |
| Processed 08/29/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | |