No. **W 50118**	**Due no later than May 31, 2012** **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.** AFFILIATED INCIDENT SOLUTIONS L.L.C. JOHN A ZROFSKY PO BOX 236 MELBA ID 83641	JOHN A ZROFSKY 10952 MAP ROCK RD MELBA ID 83641 3. New 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	JOHN A ZROFSKY	10952 MAP ROCK RD	MELBA	ID	USA	83641

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 50118**	Signature: John Zrofsky	Date: 05/17/2012
	Name (type or print): John Zrofsky	Title: Member

Processed 05/17/2012

* Electronically provided signatures are accepted as original signatures.