| No. W 93569 | | Due no later than May 31, 2011 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------------------------|---|--------------------------------|------------------------------|--|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. HSBC INSURANCE LLC DIANE JENSEN 2410 E 25TH CIRCLE IDAHO FALLS ID 83404 | | 2410 E 25TH 0 IDAHO FALLS | SHELDON B CHRISTENSEN 2410 E 25TH CIRCLE IDAHO FALLS ID 83404 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | | |
| | me | | Street or PO Address | City | State | Country | Postal Code | |
| | HEATH BOWEN SHELDON CHRISTENSEN | | 117 STILLWATER 575 J STREET | IDAHO FALLS IDAHO FALLS | ID ID | USA USA | 83402 83402 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 93569 | | Signature: Sheldon Christensen Date: 03/15/2011 | | | | | | |
| | | Name (type or | | Title: Co-Owner | | | | |
| Processed 03/15/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |