No. W 19712	Due no later than Jun 30, 2008	2. Registered Agent and Address (NO PO BOX) JAMES D DICKINSON 609 N SYRINGA ST POST FALLS ID 83877			
Return to:	Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address: Correct in this box if needed.				
PO BOX 83720 BOISE, ID 83720-0080	GLACIER INSURANCE SERVICES LLC JAMES D DICKINSON 609 N SYRINGA STREET				
	POST FALLS ID 83854	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA				
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MANAGER JAMES E DIC	KINS INSURANCE INC 609 N SYRINGA STREET	POST FALLS	ID	USA	83854
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: James D Dickinson	Date: 07/17/2008			
W 19712	Name (type or print): James D Dickinson	Title: Manager			
Processed 07/17/2008	* Electronically provided signatures are accepted as original signatures.				