

No. W 45338		Due no later than Dec 31, 2010		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		Annual Report Form		ED A WHITE 1307 17TH AVE LEWISTON ID 83501	
		1. Mailing Address: Correct in this box if needed. ABSOLUTE INSURANCE SERVICES, L.L.C. ED A WHITE PO BOX 368 DONNELLY ID 83615		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	ED A WHITE	PO BOX 368	DONNELLY	ID	USA 83615
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 45338		Signature: Ed A. White		Date: 01/22/2011	
		Name (type or print): Ed A. White		Title: Tmp	
Processed 01/22/2011		* Electronically provided signatures are accepted as original signatures.			