

No. W 67933

Due no later than October 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

HANCOCK INSURANCE LLC
BEN HANCOCK
27416 LON DAVIS RD
PARMA, ID 83660

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27416 LON DAVIS RD
PARMA, ID 83660

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Owner	Ben Hancock	27416 Lon Davis Rd	Parma	ID	83660

5. Organized Under the Laws of:

IDAHO
W 67933

6.

Signature



Date

8/18/08

Name

(Typed or
Printed)

Ben Hancock

Title

Owner