

No. W 70822

Due no later than January 31, 2009

2. Registered Agent and Office NO PO BOX

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

Annual Report Form

TRAVIS W MASON
3485 BEACON AVE
EMMETT, ID 83617

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

AREAS BEST INSURANCE LLC
3110 E CLEVELAND BLVD A-3
CALDWELL, ID 83605NO FILING FEE IF
RECEIVED BY DUE DATE3. 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>
member	STACY J Freeman	3000 CLINTON RD	Emmett	ID	83617
member	DAVID SMITH	5707 WILLOW CREEK RD	Eagle	ID	83616
member	TRAVIS W MASON	3485 BEACON AVE	EMMETT	ID	83617

5. Organized Under the Laws of:

IDAHO
W 70822

6.

Signature



Date

11/12/08

Name (Typed or Printed)

TRAVIS W. MASON

Title

Managing member

Issued 11/05/2008

Do Not Tape or Staple

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