

No. W 67048		Due no later than Sep 30, 2009		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 1. Mailing Address: Correct in this box if needed. PATRICK BRYANT INSURANCE AGENCY LLC PATRICK BRYANT 12740 N 12TH AVE BOISE ID 83714		PATRICK BRYANT 1961 N LOCUST GROVE MERIDIAN ID 83646			
				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	PATRICK BRYANT	615 E. STATE ST	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 67048		6. Annual Report must be signed.* Signature: Patrick Bryant Name (type or print): Patrick Bryant Date: 08/05/2009 Title: Manager					
Processed 08/05/2009		* Electronically provided signatures are accepted as original signatures.					