

No. W 58867		Due no later than Feb 28, 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		WILLIAM J SYLVIA 1797 COVE RD WEISER ID 83672			
		1. Mailing Address: Correct in this box if needed.					
		FIVE STAR INSURANCE GROUP LLC WILLIAM J SYLVIA 36 E IDAHO STE STE R3 WEISER ID 83672		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	
MEMBER	SUMMER D SYLVIA	1797 COVE RD	WEISER	ID	USA	83672	
MANAGER	WILLIAM J SYLVIA	1797 COVE RD	WEISER	ID	USA	83672	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 58867		Signature: William J Sylvia				Date: 12/16/2009	
		Name (type or print): William J Sylvia				Title: Owner	
Processed 12/16/2009		* Electronically provided signatures are accepted as original signatures.					