

No. W 36963

Due no later than February 28, 2009
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

ASSOCIATED INSURANCE SERVICES LLC
JOHN R GRAHAM
3380 ELDER
BOISE, ID 83705

JOHN R GRAHAM
3380 ELDER
BOISE, ID 83705

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

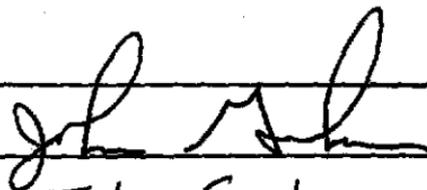
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager/Pres.	John Graham	P.O. Box 16410	Boise	ID	83715

5. Organized Under the Laws of:

IDAHO
W 36963

6.

Signature



Date

12/9/08

Name (Typed or Printed)

John Graham

Title

Pres