No. W 36963		Due no later than Feb 28, 2010 Annual Report Form		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:					JOHN R GRAHAM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ASSOCIATED INSURANCE SERVICES LLC JOHN R GRAHAM PO BOX 16410 BOISE ID 83715		BOISE ID	3380 ELDER BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nar	nes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ASSOCIATED LO CORP		LOGGERS MANAGEMENT PO BOX 16410		BOISE	ID	USA	83715	
PRESIDENT	JOHN R GRAHAM		PO BOX 16410	BOISE	ID	USA	83715	
5. Organized Under the Laws of:		6. Annual Report	t must be signed.*					
ID		Signature: John Graham			Date: 01/	Date: 01/09/2010		
W 36963		Name (type o		Title: Pres.				
Processed 01/09/2010 * Electronically provided signatures are accepted as original signatures.								