NO. C113482	Annual Report Form	2. Registered Agent and	Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address - Please Correct, If Not Correct PETILLO & ASSOCIATES INSURAN	CORPORATIO 200 N 23RD	N SERVICE COMP ST
PO BOX 83720 BOISE, ID 83720-0080	21120	BOISE	ID 83702
NO FEE REQUIRED	5130 N CIRCLE RD	3. Organized Under the	Laws of:
* FIRST NOTICE *	RATHORUM ID 83858	l lo	C113482
Limited Liability Companies: En	d Addresses of President, Secretary and Directors ter Names and Addresses of Managers or Members	(check one)	
Office held Name	Street or P.O. Address	City S	State Zip
resident + Anthony	Street or P.O. Address YO. Petillo 21120 N. Circle Rd.	Rathdrum	Id, 83858
Director	e M. Petillo zuzo N. Circle Rd.		_ 1 ~~~
Director			
	<i>f</i>		
NATURE OF BUSINES	6. I certify that this Annual Report has been a		
NATURE OF BUSINES LINGUAGE ANY LAWFUL	6. I certify that this Annual Report has been a knowledge true forget and complete. Signature	examined by me and is	to the best of my
NATURE OF BUSINES	6. I certify that this Annual Report has been knowledge true forget and complete. Signature Name (Typed or Anthony O. Perinted)	examined by me and is	to the best of my
NATURE OF BUSINES Insurance, ANY LAWFUL Will not be in bus	6. I certify that this Annual Report has been knowledge true forget and complete. Signature Name (Typed or Anthony O. Perinted)	examined by me and is 24//o Date	to the best of my
NATURE OF BUSINES Insurance, ANY LAWFUL Will not bein bus	6. I certify that this Annual Report has been knowledge true forget and complete. Signature Name (Typed or Anthony O. Perinted)	examined by me and is 24//o Date	to the best of my
NATURE OF BUSINES Insurance, ANY LAWFUL Will not be in bus	6. I certify that this Annual Report has been knowledge true forget and complete. Signature Name (Typed or Anthony O. Perinted)	examined by me and is 24//o Date	to the best of my