

No. W 45096	Due no later than Dec 31, 2009 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. DEARMOND INSURANCE, LLC BRENT DEARMOND 8403 BLOOMFIELD DR BOISE ID 83704 USA		BRENT DEARMOND 3999 E OVERLAND RD MERIDIAN ID 83642			
			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	BRENT DEARMOND	8403 BLOOMFIELD DR	BOISE	ID	USA	83704
MEMBER	ALDA DEARMOND	8403 BLOOMFIELD DR	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID W 45096	6. Annual Report must be signed.* Signature: Alda DeArmond Name (type or print): Alda DeArmond		Date: 01/25/2010 Title: Member			
Processed 01/25/2010		* Electronically provided signatures are accepted as original signatures.				