

No. <b>W 87472</b>	<b>Due no later than Oct 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> BEST CHOICE INSURANCE AGENCY LLC LEE S HOLLADAY 4449 E TUSCANY AVE NAMPA ID 83686 USA		LEE S HOLLADAY 4449 E TUSCANY AVE NAMPA ID 83686			
			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
MANAGER	LEE S HOLLADAY	4449 E TUSCANY AVE	NAMPA	ID	USA	83686-5082
5. Organized Under the Laws of:  <b>ID W 87472</b>	6. Annual Report must be signed.* Signature: Lee Holladay Name (type or print): Lee Holladay		Date: 11/09/2010 Title: Owner			
Processed 11/09/2010		* Electronically provided signatures are accepted as original signatures.				