

No. W 18128		Due no later than Feb 28, 2010		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		Annual Report Form		ALLEN COLLINS 200 S MAIN STE 1 POCATELLO ID 83204	
		1. Mailing Address: Correct in this box if needed. REINSURANCE SERVICES, LLC ALLEN COLLINS PO BOX 812 POCATELLO ID 83204		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	ALLEN COLLINS	PO BOX 715	POCATELLO	ID	USA 83204
5. Organized Under the Laws of: ID W 18128		6. Annual Report must be signed.* Signature: Allen Collins Date: 12/17/2009 Name (type or print): Allen Collins Title: Member			
Processed 12/17/2009		* Electronically provided signatures are accepted as original signatures.			