


No. W 18569	Due no later than March 31, 2007 Annual Report Form		2. Registered Agent and Office 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 applicable ALBERTSON INSURANCE SERVICES, LLC SCOTT D ALBERTSON 120 E LAKE ST STE 203 SANDPOINT, ID 83864		SCOTT D ALBERTSON 120 E LAKE ST STE 203 SANDPOINT, ID 83864 3. New Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>manag/member</td> <td>Scott D. Albertson</td> <td>120 E Lake St Suite 203</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	manag/member	Scott D. Albertson	120 E Lake St Suite 203	Sandpoint	ID	83864
Office held	Name	Street or P.O. Address	City	State	Zip											
manag/member	Scott D. Albertson	120 E Lake St Suite 203	Sandpoint	ID	83864											
5. Organized Under the Laws of: IDAHO W 18569		6. Signature  Date <u>1-9-07</u> Name (Typed or Printed) <u>Scott D. Albertson</u> Title <u>manag/member</u>														

Issued 01/02/2007

Do Not Tape or Staple

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