

No. W 80675		Due no later than Jan 31, 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 1. Mailing Address: Correct in this box if needed. AXIS INSURANCE SERVICES, LLC MIKE W SMITH 795 FRANKLIN AVENUE #206 FRANKLIN LAKES NJ 07436 USA		INCORP SERVICES INC 921 S ORCHARD ST STE G BOISE ID 83705 USA	
				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	MIKE W SMITH	159 BUTTERNUT DRIVE	WAYNE	NJ	USA 07470-4953
5. Organized Under the Laws of: DE W 80675		6. Annual Report must be signed.* Signature: Mike Smith Name (type or print): Mike Smith Date: 11/30/2009 Title: Manager			
Processed 11/30/2009		* Electronically provided signatures are accepted as original signatures.			