

No. W 18569		Due no later than Mar 31, 2011		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. 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. <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	SCOTT D ALBERTSON	120 E LAKE ST STE 203	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID W 18569		6. Annual Report must be signed.* Signature: Scott Albertson Name (type or print): Scott Albertson Date: 01/14/2011 Title: Manager/Owner					
Processed 01/14/2011		* Electronically provided signatures are accepted as original signatures.					