

No. W 26817		Due no later than Nov 30, 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. AL & DENISE KETRON INSURANCE AGENCY, L.L.C. DENISE A KETRON 735 W APPLEWAY COEUR D ALENE ID 83814		DENISE A KETRON 735 W APPLEWAY COEUR D'ALENE ID 83814	
				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	(MITCHELL) H KETRON	721 3RD ST	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 26817		6. Annual Report must be signed.* Signature: Denise Ketron Name (type or print): Denise Ketron Date: 10/31/2011 Title: Managing Member			
Processed 10/31/2011		* Electronically provided signatures are accepted as original signatures.			