

No. W 19712		Due no later than Jun 30, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GLACIER INSURANCE SERVICES LLC JAMES D DICKINSON 609 N SYRINGA STREET POST FALLS ID 83854 USA		JAMES D DICKINSON 609 N SYRINGA ST POST FALLS ID 83877			
NO FILING FEE IF RECEIVED BY DUE DATE				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	JAMES E DICKINSON INSURANCE IN	609 N SYRINGA STREET		POST FALLS	ID	USA	83854
MANAGER	JAMES D DICKINSON	609 N SYRINGA STREET		POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID W 19712		6. Annual Report must be signed.* Signature: James D Dickinson Name (type or print): James D Dickinson					
		Date: 07/02/2009 Title: Manager					
Processed 07/02/2009 * Electronically provided signatures are accepted as original signatures.							