No. **W 70822**	**Due no later than Jan 31, 2011** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** AREAS BEST INSURANCE LLC TRAVIS W MASON 901 S WASHINGTON AVE EMMETT ID 83617 USA	TRAVIS W MASON 3485 BEACON AVE EMMETT ID 83617 3. New 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	TRAVIS W MASON	3485 BEACON AVE	EMMETT	ID	USA	83617

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 70822**	Signature: Travis W Mason	Date: 11/29/2010
	Name (type or print): Travis W Mason	Title: Manager

Processed 11/29/2010

* Electronically provided signatures are accepted as original signatures.