No. W 87312		Due no later than Sep 30, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. INSURE IT ALL LLC TYLER SCHWENDIMAN 1490 MIDWAY AVE AMMON ID 83406		5304 TILDY	TYLER SCHWENDIMAN 5304 TILDY CIRCLE AMMON ID 83406 3. New Registered Agent Signature:*			
				3. <u>New</u> Registe				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER TYLER SCHV		VENDIMAN	5304 TILDY CIR	AMMON	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tyle		Date: 10/06/2011				
W 87312		Name (type or		Title: Member				
rocessed 10/06/2011 * Electronically provided signatures are accepted as original signatures.								