No. <b>W 94631</b>		Due no later than Jul 31, 2011		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BRACKETT LIFE INSURANCE, L.L.C.  NOY ELBERT BRACKETT III  FLAT CREEK RANCH  ROGERSON ID 83302		Marcher Control of National Academy Service	NOY ELBERT BRACKETT III FLAT CREEK RANCH ROGERSON ID 83302  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
				3. <u>New</u> Registere				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	MEMBER JACOB C BF		FLAT CREEK RANCH	ROGERSON	ID	USA	83302	
MEMBER WILLIAM A		BRACKETT	CHERRY CREEK RANCH	ROGERSON	ID	USA	83302	
MEMBER	IRA N BRACKETT		261 DEVIL CREEK RD	CASTLEFORD	ID	USA	83321	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 94631		Signature: W		Date: 06/30/2011				
		Name (type o		Title: Member				
Processed 06/30/2011		* Electronically provided signatures are accepted as original signatures.						