

No. W 56337		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		MARK LEE 1644 JULIE LANE TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed. HIGH MOUNTAIN INSURANCE, LLC MARK LEE 488 BLUE LAKES BLVD. NORTH SUITE # 104 TWIN FALLS ID 83301 USA		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	MARK LEE	1644 JULIE LANE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 56337		6. Annual Report must be signed.* Signature: Mark Lee Name (type or print): Mark Lee Date: 09/22/2011 Title: Mananger					
Processed 09/22/2011		* Electronically provided signatures are accepted as original signatures.					