

No. W 81986		Due no later than Mar 31, 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		1. Mailing Address: Correct in this box if needed. PERSONAL TOUCH INSURANCE & BENEFITS LLC. CARRIEANNE M KOWALCZYK 1577 N LINDER RD #213 KUNA ID 83634 USA		CARRIEANNE KOWALCZYK 1577 N LINDER RD #213 KUNA ID 83634			
				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	CARRIEANNE M KOWALCZYK	1577 N. LINDER RD #213	KUNA	ID	USA	83634	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 81986		Signature: Carrieanne Kowalczyk				Date: 01/24/2011	
		Name (type or print): Carrieanne Kowalczyk				Title: Member	
Processed 01/24/2011		* Electronically provided signatures are accepted as original signatures.					