No. W 94757	Due no later than Jul 31, 2011	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		ROBERT C MONTGOMERY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	1. Mailing Address: Correct in this box if needed. SILVERSTONE INSURANCE, LLC KATHRYN A SMITH		2160 TWIN RAPIDS WAY BOISE ID 83680 3. New Registered Agent Signature:*			
BOISE, ID 83720-0080	104 E FARIVIEW AVE #214 MERIDIAN ID 83642	3. <u>New</u> Register				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: 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 KATHRYN A	A SMITH 104 E FARIVIEW AVE #214	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Kathryn A Smith		Date: 05/19/2011			
W 94757	Name (type or print): Kathryn A Smith		Title: Owner			
Processed 05/19/2011	* Electronically provided signatures are accepted as original signatures.					