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|--|-------------------|--|--------|--|---------|------------------|--|
| No. W 66675 | | Due no later than Sep 30, 2009 | | 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 1. Mailing Address: Correct in this box if needed. S & D INSURANCE LLC SHAUNA M HIEDEMAN PO BOX 34 BURLEY ID 83318 | | SHAUNA M HIEDEMAN 1301 E 16TH ST BURLEY ID 83318 | | | |
| | | | | 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 | SHAUNA M HIEDEMAN | PO BOX 34 | BURLEY | ID | USA | 83318 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 66675 | | Signature: Shauna Hiedeman | | | | Date: 07/21/2009 | |
| | | Name (type or print): Shauna Hiedeman | | | | Title: Manager | |
| Processed 07/21/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |