No. **W 75316**	**Due no later than Jun 30, 2009** **Annual Report Form**	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.** LOSTRA INSURANCE LLC MICHAEL S LOSTRA 2947 E MAGIC VIEW DR #1 MERIDIAN ID 83642 USA	MICHAEL S LOSTRA 2947 E MAGIC VIEW DR #1 MERIDIAN ID 83642 3. New 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	MICHAEL S LOSTRA	2947 E MAGIC VIEW DR #1	MERIDIAN	ID	USA	83642
MANAGER	JILL K DANIEL	2947 E MAGIC VIEW DR #1	MERIDIAN	ID	USA	83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 75316**	Signature: Michael S Lostra Name (type or print): Michael S Lostra	Date: 05/05/2009 Title: President

Processed 05/05/2009

* Electronically provided signatures are accepted as original signatures.