| No. <b>W 77823</b>   | Due no later than Sep 30, 2011  | 2. Registered Agent and Address (NO PO BOX)  DEBRA A TALBOT 140 NORTH 3942 EAST RIGBY ID 83442  3. New Registered Agent Signature:* |                |          |            |                |
|--|---|---|----------------|----------|------------|----------------|
| Return to:   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  NATIONAL REGISTRY OF WORKERS' COMPENSATION SPECIALISTS, LLC (THE) DEBRA TALBOT 140 NORTH 3942 EAST RIGBY ID 83442 USA |   |                |          |            |                |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |   |   |                |          |            |                |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |   |   |                |          |            |                |
| 4. Limited Liability Companies: Enter N  | lames and Addresses of at least one Member or Manager.  |   |                |          |            |                |
| Office Held Name   | Street or PO Address  |   | City           | State    | Country    | Postal Code    |
| MEMBER DEBRA TA<br>MANAGER PORTER 1  | AND   |   | RIGBY<br>RIGBY | ID<br>ID | USA<br>USA | 83442<br>83442 |
| 5. Organized Under the Laws of:  | 6. Annual Report must be signed.*   |   |                |          |            |                |
| ID   | Signature: Debra Talbot Date: 08/03/2011  |   |                |          |            |                |
| W 77823  | Name (type or print): Debra Talbot  |   | Title: Owner   |          |            |                |
| Processed 08/03/2011   | * Electronically provided signatures are accepted as original signatures.   |   |                |          |            |                |