

No. W 19355 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 08/06/2009 1. Mailing Address: Correct in this box if needed. ALL FAMILY INSURANCE LLC ROGER DAVID SMITH 138 S COLE RD BOISE ID 83709	2. Registered Agent and Office (NOT A P.O. BOX) R DAVID SMITH 138 S COLE RD BOISE ID 83709 3. <u>New</u> Registered Agent Signature.
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4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="radio"/> Member <input type="radio"/>						
	Roger David Smith	138 S Cole Rd	Boise	ID	ADN	83709

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">IDAHO W 19355</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: <u>Roger David Smith</u></td> <td style="width: 30%;">Date: <u>1/23/12</u></td> </tr> <tr> <td>Name (type or print): <u>R D David Smith</u></td> <td>Title: <u>Owner</u></td> </tr> </table>	Signature: <u>Roger David Smith</u>	Date: <u>1/23/12</u>	Name (type or print): <u>R D David Smith</u>	Title: <u>Owner</u>
Signature: <u>Roger David Smith</u>	Date: <u>1/23/12</u>				
Name (type or print): <u>R D David Smith</u>	Title: <u>Owner</u>				

Issued 01/23/2012 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
 If true mailing, the corrected address must be inside Block 1.