No. **W 80675**	**Due no later than Jan 31, 2011**	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.** AXIS INSURANCE SERVICES, LLC MIKE W SMITH 795 FRANKLIN AVENUE #206 FRANKLIN LAKES NJ 07436 USA	INCORP SERVICES, INC. 921 S ORCHARD ST STE G BOISE ID 83705 USA 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	MIKE W SMITH	159 BUTTERNUT DRIVE	WAYNE	NJ	USA	07470-4953

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
DE **W 80675**	Signature: Mike W. Smith	Date: 01/12/2011
	Name (type or print): Mike W. Smith	Title: Manager

Processed 01/12/2011

* Electronically provided signatures are accepted as original signatures.