

No. W 56337	Due no later than Nov 30, 2007 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. HIGH MOUNTAIN INSURANCE, LLC MARK LEE 140 HANSEN STRREET SUITE #3 TWIN FALLS ID 83301 USA		MARK LEE 1963 LAURA CIRCLE TWIN FALLS ID 83301			
			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	MARK LEE	499 PARK TERRACE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 56337		6. Annual Report must be signed.* Signature: Mark Lee Name (type or print): Mark Lee Date: 12/13/2007 Title: Manager				
Processed 12/13/2007		* Electronically provided signatures are accepted as original signatures.				