

No. <b>W 50118</b>		Due no later than May 31, 2010 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  AFFILIATED INCIDENT SOLUTIONS L.L.C. JOHN A ZROFSKY PO BOX 236 MELBA ID 83641		JOHN A ZROFSKY 10952 MAP ROCK RD MELBA ID 83641			
				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	
MEMBER	JOHN A ZROFSKY	10952 MAP ROCK RD	MELBA	ID	USA	83641	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 50118</b>		Signature: John Zrofsky				Date: 03/19/2010	
		Name (type or print): John Zrofsky				Title: Member	
Processed 03/19/2010		* Electronically provided signatures are accepted as original signatures.					