

No. <b>W 56337</b>	<b>Due no later than Nov 30, 2009</b> <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> HIGH MOUNTAIN INSURANCE, LLC MARK LEE 201 HANSEN STREET E SUITE #3 TWIN FALLS ID 83301 USA		MARK LEE 201 HANSEN STREET EAST 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	201 HANSEN STEET EAST	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID</b> <b>W 56337</b>	6. Annual Report must be signed.* Signature: Mark Lee Name (type or print): Mark Lee		Date: 09/22/2009 Title: Manager			
Processed 09/22/2009		* Electronically provided signatures are accepted as original signatures.				