

No. C 73315		Due no later than 7/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. RISK MANAGEMENT SPECIALISTS, INC. JAMES A SULLIVAN 6839 W RUSSETT BOISE ID 83704		JAMES A SULLIVAN 6839 W RUSSETT BOISE ID 83704	
				3. New Registered Agent Signature:	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
Office Held	Name	Street or PO Address	City	State	Zip
PRES.	JAMES A SULLIVAN	6839 W RUSSETT	BOISE	ID	83704
VP	WILLIAM F SULLIVAN	SAME			
5. Organized Under the Laws of: ID C 73315					
6. Annual Report must be signed.					
Signature: <i>James A Sullivan</i>		Date: 2-4-09			
Name(type or print): JAMES A SULLIVAN		Title: PRES			

Issued 5/27/2009 by SLD

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