

No. W 51124

Due no later than May 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ASSURELINK, LLC

~~JOHN OMMAN~~

~~540 "D" ST~~

~~PO BOX 51600~~

~~IDAHO FALLS, ID 83403~~

Karen Hansen
841 Oxford Dr.
Idaho Falls, ID. 83401

STEVE HANSEN
841 OXFORD DR
IDAHO FALLS, ID 83401

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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Operations manager	Steve Hansen	841 Oxford Dr.	Idaho Falls	ID	83401
Finance manager	Karen Hansen	841 Oxford Dr.	Idaho Falls	ID	83401

5. Organized Under the Laws of:

IDAHO
W 51124

6.

Signature

Steve Hansen

Date

3/13/08

Name

(Typed or
Printed)

Steve Hansen

Title

manager

Issued 03/03/2008

Do Not Tape or Staple

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