No. W 30494		Due no later than May 31, 2008		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MICHAEL J	MICHAEL J SANTI 63 W WILLOWBROOK DR MERIDIAN ID 83642 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SANTI INSURANCE SERVICES, LLC MICHAEL J SANTI 63 W WILLOWBROOK DR MERIDIAN ID 83646		MERIDIAN				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MICHAEL J S.		SANTI	4711 N SAMSON AVE	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: M		Date: 05/29/2008				
W 30494		Name (type o	or print): Michael J. Santi		Title: Manager			
Processed 05/29/2008 * Electronically provided signatures are accepted as original signatures.								