No. W 1009		Due no later than Mar 31, 2011		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DOUGLAS L PORTER 964 E CURLING DR BOISE ID 83702			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GRANITE INSURANCE SERVICES OF IDAHO, LTD. CO. DOUGLAS L PORTER 964 E CURLING DR BOISE ID 83702						
				3. <u>New</u> Regist	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	DOUGLAS L	PORTER	964 E CURLING DR	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Douglas L Porter		Date	Date: 01/26/2011			
W 1009		Name (type or print): Douglas L Porter		Title	Title: Managing Member			
Processed 01/26/2011		* Electronically provided signatures are accepted as original signatures.						