

<b>No.</b> W 50118	<b>Due no later than May 31, 2007</b> <b>Annual Report Form</b>	<b>2. Registered Agent and Office 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 applicable</b>  AFFILIATED INCIDENT SOLUTIONS L.L.C PO BOX 236 MELBA, ID 83641	JOHN A ZROFSKY 10952 MAP ROCK RD MELBA, ID 83641  <b>3. <u>New</u> Registered Agent Signature</b>

**4. Limited Liability Companies: Enter Names and Addresses of Members.**

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	JOHN A. ZROFSKY	P.O. Box 236	MELBA	IDAHO	83641

**5. Organized Under the Laws of:**

IDAHO  
W 50118

**6.**

Signature

*John A Zrofsky*

Date

5/26/2007

Name  
(Typed or Printed)

JOHN A. ZROFSKY

Title

Member