No. <b>W 55133</b>		Due no later than Oct 31, 2010		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BAILEY INSURANCE GROUP, LLC  BRIAN D BAILEY  1111 W JEFFERSON ST STE 540  BOISE ID 83702		1101 W RIV	DAVID P MCANANEY  1101 W RIVER STREET STE 100  BOISE ID 83702			
				BOISE ID				
				3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Con	npanies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER BRIAN D BAIL		ILEY	1111 W JEFFERSON STE 540	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Karen Purdy		Date: 08/1	Date: 08/11/2010			
W 55133		Name (type or print): Karen Purdy		Title: Dire	Title: Director of Operations			
Processed 08/11/2010 * Electronically provided signatures are accepted as original signatures.								