

No. <b>W 75078</b>		<b>Due no later than Jun 30, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  AXIS INSURANCE, LLC TIFFINY SANDQUIST PO BOX 3299 KIRKLAND WA 98083-3299 USA		INCORP SERVICES, INC. 921 S ORCHARD ST STE G BOISE ID 83705 USA			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	CONSTANCE MORROW	PO BOX 2528	TRI CITIES	WA	USA	99302	
MEMBER	CONOVER INSURANCE INC	PO BOX 10033	YAKIMA	WA	USA	98909	
MEMBER	BDA9	218 MAIN STREET #460	KIRKLAND	WA	USA	98033	
MEMBER	CONOVER INSURANCE INC	PO BOX 10088	YAKIMA	WA	USA	98909	
MANAGER	BRADLEY D GREEN	PO BOX 3299	KIRKLAND	WA	USA	98083-3299	
5. Organized Under the Laws of:  <b>WA</b> <b>W 75078</b>		6. Annual Report must be signed.*  Signature: Bradley Green Name (type or print): Bradley Green					
		Date: 04/25/2012 Title: Manager					
Processed 04/25/2012		* Electronically provided signatures are accepted as original signatures.					