

No. <b>W 53009</b>	<b>Due no later than Jul 31, 2007</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> FLOYD INSURANCE AGENCY, LLC 3456 E 17TH ST, STE 140 IDAHO FALLS ID 83406		TYSON FLOYD 3380 E 17TH ST IDAHO FALLS ID 83406			
			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
MANAGER	TYSON FLOYD	3380 E 17TH ST	IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of:  <b>ID</b> <b>W 53009</b>		6. Annual Report must be signed.* Signature: Tyson Floyd Name (type or print): Tyson Floyd		Date: 06/06/2007 Title: Manager		
Processed 06/06/2007		* Electronically provided signatures are accepted as original signatures.				