

No. W 20245	Due no later than Aug 31, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SUE A BOSWELL 6103 HIGHWAY 52 WEST EMMETT ID 83617			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE					1. Mailing Address: Correct in this box if needed. BOSWELL INSURANCE SERVICES, LLC 6103 HIGHWAY 52 WEST EMMETT ID 83617	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager or Member Name		Street or PO Address	City	State	Country	Postal Code
Manager <input type="radio"/> Member <input checked="" type="radio"/> (circle one)		6103 Hwy 52 W. Emmett, Id Gen				
Sue Boswell						
5. Organized Under the Laws of:		6.				
IDAHO W 20245		Signature: <u>Sue Boswell</u> Name (type or print): <u>Sue Boswell</u>			Date: <u>7/10/11</u> Title: <u>Mgr/owner</u>	
Issued 06/29/2011 by KAH 111902						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM