
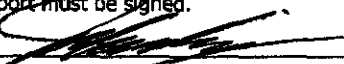


No. <b>W 6747</b>	<b>Due no later than 8/31/2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed.		R JOHN INSINGER <del>407 W JEFFERSON ST</del> BOISE ID 83702 <u>401 Front St., Ste 302</u>	
	INSINGER - 24 L.L.C. R JOHN INSINGER <del>407 W JEFFERSON ST</del> 401 Front St., Ste 302 BOISE ID 83702		3. New 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 Zip
Manager	R. John Insinger	401 Front St., Ste 302	Boise	ID 83702
5. Organized Under the Laws of:		6. Annual Report must be signed.		
ID <b>W 6747</b>		Signature: 	Date: 9/1/09	Title: Manager
		Name (type or print): R. John Insinger		