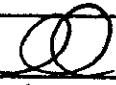


| | | | | | |
|--|----------------|--|-------------|---|------------|
| No. W 41067 | | Due no later than July 31, 2007 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | |
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address - Correct in this box, if applicable PETER SARANTIS INSURANCE SERVICES L PETER J SARANTIS 1087 W RIVER ST STE 250 BOISE, ID 83702 | | PETER J SARANTIS 1087 W RIVER ST STE 250 BOISE, ID 83702 | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | 3. New Registered Agent Signature | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Members. | | | | | |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
| President | Peter Sarantis | 1087 W. River St Suite 250 | Boise | ID | 83702 |
| 5. Organized Under the Laws of: IDAHO W 41067 | | 6. Signature _____ Date _____ Signature  Name <small>(Typed or Printed)</small> Peter Sarantis Date 5-15-07 Title President | | | |

Issued 05/01/2007

Do Not Tape or Staple

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