

No. W 88035		Due no later than Nov 30, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CLEARWATER INSURANCE LLC JOHN P CREASER 701 BRYDEN AVE LEWISTON ID 83501		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JOHN P CREASER	Street or PO Address 701 BRYDEN AVE		City LEWISTON	State ID	Country USA	Postal Code 83501
5. Organized Under the Laws of: ID W 88035		6. Annual Report must be signed.* Signature: John P. Creaser Name (type or print): John P. Creaser Date: 09/12/2011 Title: Manager					
Processed 09/12/2011 * Electronically provided signatures are accepted as original signatures.							