

No. W 30494	Due no later than May 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SANTI INSURANCE SERVICES, LLC 63 W WILLOWBROOK DR MERIDIAN, ID 83642		MICHAEL J SANTI 63 W WILLOWBROOK DR MERIDIAN, ID 83642 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Michael J. Santi</td> <td>63 W Willowbrook Dr</td> <td>MERIDIAN</td> <td>ID</td> <td>83642</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	manager	Michael J. Santi	63 W Willowbrook Dr	MERIDIAN	ID	83642
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
manager	Michael J. Santi	63 W Willowbrook Dr	MERIDIAN	ID	83642										
5. Organized Under the Laws of: IDAHO W 30494	6. Signature <u>Michael J. Santi</u> Date <u>5/23/06</u> Name <small>(Typed or Printed)</small> <u>Michael J. Santi</u> Title <u>Manager</u>														

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Do Not Tape or Staple

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