No. C 104217		Due	2. Registered Ag	2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. STUDENT ASSURANCE SERVICES, INC. MARK L DESCH PO BOX 196 STILLWATER MN 55082 USA		1111 W JEFFE BOISE ID 83 USA	CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New Registered Agent Signature:*			
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MARK L DESCH		9985 ARCOLA CRT	STILLWATER	MN	USA	55082	
DIRECTOR			9985 ARCOLA CRT	STILLWATER	MN	USA	55082	
DIRECTOR DAVID M DESC			689 HIDDEN VALLEY CRT	STILLWATER	MN	USA	55082	
PRESIDENT SECRETARY	MARK L DESCH GLORIA M DESCH		9985 ARCOLA CRT 9985 ARCOLA CRT	STILLWATER STILLWATER	MN MN	USA USA	55082 55082	
5. Organized Under the Laws of: 6. Annual F		6. Annual Report r	Il Report must be signed.*					
MN		Signature: Mark L Desch			Date: 10/28/2009			
C 104217		Name (type or print): Mark L Desch			Title: President			
Processed 10/28/2009		* Electronically pro	vided signatures are accepted as original	signatures.				