

No. W 20245 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Aug 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. BOSWELL INSURANCE SERVICES, LLC 6103 HIGHWAY 52 WEST EMMETT ID 83617	2. Registered Agent and Office (NOT A P.O. BOX) SUE A BOSWELL 6103 HIGHWAY 52 WEST EMMETT ID 83617 3. <u>New</u> Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager Owner</td> <td>Sue Boswell</td> <td>6103 Hwy 52 W. Emmett, ID</td> <td></td> <td></td> <td></td> <td>83617</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Manager Owner	Sue Boswell	6103 Hwy 52 W. Emmett, ID				83617
Office Held	Name	Street or PO Address	City	State	Country	Postal Code										
Manager Owner	Sue Boswell	6103 Hwy 52 W. Emmett, ID				83617										
5. Organized Under the Laws of: IDAHO W 20245	6. Signature: <u>Sue A Boswell</u> Date: <u>6/19/10</u> Name (type or print): <u>Sue A Boswell</u> Title: <u>6/19/10</u>															
Issued 06/14/2010 by SLD		104961														

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM