




No. <b>W 18569</b>	<b>Due no later than Mar 31, 2010</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> SCOTT D ALBERTSON 120 E LAKE ST STE 203 SANDPOINT ID 83864														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ALBERTSON INSURANCE SERVICES, LLC SCOTT D ALBERTSON 120 E LAKE ST STE 203 SANDPOINT ID 83864		<b>3. New Registered Agent Signature.</b>														
	<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</b> <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>Owner/Manager</td><td>Scott D. Albertson</td><td>120 E Lake St Suite 203</td><td>Sandpoint ID</td><td>USA</td><td></td><td>83864</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Owner/Manager	Scott D. Albertson	120 E Lake St Suite 203	Sandpoint ID	USA	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
Owner/Manager	Scott D. Albertson	120 E Lake St Suite 203	Sandpoint ID	USA		83864											
<b>5. Organized Under the Laws of:</b>  IDAHO W 18569	<b>6.</b> <table border="1"><tr><td>Signature: </td><td>Date: 1/19/10</td></tr><tr><td>Name (type or print): Scott D. Albertson</td><td>Title: owner/manager</td></tr></table>			Signature: 	Date: 1/19/10	Name (type or print): Scott D. Albertson	Title: owner/manager										
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