

No. W 78544	Due no later than Oct 31, 2009 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SWANSON, ROYBAL & LEAVITT INSURANCE AGENCY, LLC CARL W SWANSON III PO BOX 2518 BILLINGS MT 59103		DWAYNE SPEEGLE 6220 N DISCOVERY WAY STE 100 BOISE ID 83713			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	CARL W SWANSON	PO BOX 2518	BILLINGS	MT	USA	59103
5. Organized Under the Laws of: MT W 78544	6. Annual Report must be signed.* Signature: Paul Kmosena Name (type or print): Paul Kmosena		Date: 08/14/2009 Title: Operations Manager			
Processed 08/14/2009		* Electronically provided signatures are accepted as original signatures.				