No. <b>W 9889</b>	Du	Due no later than Oct 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CORPORATION SERVICE COMPANY			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.		1401 SHORELINE DRIVE STE 2 BOISE ID 83702			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GINA HUDSOI	LIBERTY LIFE SECURITIES LLC GINA HUDSON 175 BERKELEY ST BOSTON MA 02117		BOISE 1D 63702			
	BOSTON MA			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	r Names and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER TIMOTH	Y M SWEENEY	175 BERKELEY ST	BOSTON	MA	USA	02117	
MANAGER CHERYL	K. NEAL	175 BERKELEY ST	BOSTON	MA	USA	02117	
5. Organized Under the Laws of:	6. Annual Repor	5. Annual Report must be signed.*					
DE	Signature: Gir	Signature: Gina Hudson		Date: 10/29/2009			
W 9889	Name (type o	Name (type or print): Gina Hudson		Title: Regulatory Spec.			
Processed 10/29/2009	* Electronically provided signatures are accepted as original signatures.						