

No. W 41067	Due no later than Jul 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. PETER SARANTIS INSURANCE SERVICES LLC PETER J SARANTIS 1455 N. COLE ROAD BOISE ID 83704		PETER J SARANTIS 1455 N. COLE ROAD BOISE ID 83704			
			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
MEMBER	PETER J SARANTIS	1455 N. COLE ROAD	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID W 41067	6. Annual Report must be signed.* Signature: Peter Sarantis Name (type or print): Peter Sarantis		Date: 08/18/2009 Title: Owner/Member			
Processed 08/18/2009		* Electronically provided signatures are accepted as original signatures.				