

No. **W 20245**

**Due no later than August 31, 2004
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

BOSWELL INSURANCE SERVICES, LLC
6103 HIGHWAY 52 WEST
EMMETT, ID 83617

SUE A BOSWELL
6103 HIGHWAY 52 WEST
EMMETT, ID 83617

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager member	Sue A Boswell	6103 Highway 52 West	EMMETT	ID	83617

5. Organized Under the Laws of:

IDAHO
W 20245

6.

Signature

Name (Typed or Printed)

Sue Boswell
Sue Boswell

Date

Title

7/18/04

Manager

Issued 06/01/2004

Do Not Tape or Staple

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