No. W 20245	Due no later than August 31, 2004 Annual Report Form	AUE A DOCIMELL
Return to:	Mailing Address - Correct in this box, if applicable	SUE A BOSWELL 6103 HIGHWAY 52 WEST
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BOSWELL INSURANCE SERVICES, LLC 6103 HIGHWAY 52 WEST EMMETT, ID 83617	EMMETT, ID 83617
BOISE, ID 63720-0000		3. New Registered Agent Signature
NO FILING FEE IF		
RECEIVED BY DUE DATE	Take Names and Addresses of Managers.	
<ol> <li>Limited Liability Compa</li> </ol>	nies: Enter Names and Addresses of Managers.	ity <u>State Zip</u>
Office held Name	Street or P.O. Address	- 30 m 4 TA 83617
Office ite:		
Manager 1	MORNON (113 Hanning 52 WG	St Evimen 10 000 1
Member Suc A	Boswell Will Highway 52 wes	sr Knimen 10 000 i
Momber Suc A	BOSCEY WILL Highway 52 WS	sr Knimen 10 000
Member Suc A	BOSICEN CIG Highway 52 cos	sr kamen 10 000
Member Sive A	BOSICEN CILS Highway 52 wes	sr kamen 10 000
Momber Suc A	Boswell Glos Highway 52 wes	sr knimen 10 0 m
Member Sive A	Boswell Glos Highway 52 wes	sr kamen 10 0
Member Sue A	Bosicer Clas Highway 52 wes	
Momber Suc A		
	6.	
5. Organized Under the Laws of:	6. Signature Aci Charl	
5. Organized Under the Laws of:	6. Signature Aux 13650	
5. Organized Under the Laws of:	6. Signature	Date 1/8/04