

<b>No. W 18079</b>	<b>Due no later than February 28, 2006 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  CRITCHFIELD INSURANCE, L.L.C. <del>329 S 4TH ST</del> <b>405 S 4th Street</b> RUPERT, ID 83350		CASEY CRITCHFIELD 329 S 4TH ST RUPERT, ID 83350  3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>owner</td> <td>Casey Critchfield</td> <td>405 South 4th Street</td> <td>Rupert</td> <td>Idaho</td> <td>83350</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	owner	Casey Critchfield	405 South 4th Street	Rupert	Idaho	83350
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
owner	Casey Critchfield	405 South 4th Street	Rupert	Idaho	83350										
5. Organized Under the Laws of:  IDAHO W 18079		6. Signature <u>Casey Critchfield</u> Date <u>1-6-06</u> Name (Typed or Printed) <u>Casey Critchfield</u> Title <u>owner</u>													

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Do Not Tape or Staple

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