

No. W 9385		Due no later than July 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		KRUSE INSURANCE OF IDAHO FALLS, LLC PO BOX 1643 IDAHO FALLS, ID 83403		DEL MCNARY 378-6 FREEMAN 740 John Adams Pkwy IDAHO FALLS, ID 83401	
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature	
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES.	DEL MCNARY	740 John Adams Pkwy	IDAHO FALLS	ID	83401
SECRET	BETSEY MCNARY	740 John Adams Pkwy	IDAHO FALLS	ID	83401
5. Organized Under the Laws of: IDAHO W 9385		6. Signature <u>Del McNary</u> Date <u>5/10/08</u> Name (Typed or Printed) <u>DEL MCNARY</u> Title <u>PRES.</u>			

Issued 05/02/2008

Do Not Tape or Staple

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