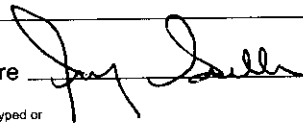


No. W 13713	Due no later than Dec 31, 2001		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable RIVER STREET INSURANCE, LLC PO BOX 5567 KETCHUM, ID 83340		JERRY C SULLIVAN 280 RIVER ST EAST KETCHUM, ID 83340 3. New Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0"> <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>Member/ Manager</td> <td>Jerry C Sullivan</td> <td>280 River St E. Box 5567</td> <td>Ketchum</td> <td>ID</td> <td>83340</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>	Member/ Manager	Jerry C Sullivan	280 River St E. Box 5567	Ketchum	ID	83340
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Member/ Manager	Jerry C Sullivan	280 River St E. Box 5567	Ketchum	ID	83340											
5. Organized Under the Laws of: IDAHO W 13713		6. Signature  Date <u>10/25/01</u> Name <small>(Typed or Printed)</small> _____ Title <u>Reg. Agent</u>														