

No. W 10690	Due no later than Jan 31, 2002 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	POVEY INSURANCE, L.L.C. 2479 POVEY RD AMERICAN FALLS, ID 83211		WADE G POVEY 2479 POVEY RD AMERICAN FALLS, ID 83211												
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Managing Member</td> <td>Wade Povey</td> <td>2479 Povey Rd</td> <td>American Falls,</td> <td>Id</td> <td>83211</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Managing Member	Wade Povey	2479 Povey Rd	American Falls,	Id	83211
Office held	Name	Street or P.O. Address	City	State	Zip										
Managing Member	Wade Povey	2479 Povey Rd	American Falls,	Id	83211										
5. Organized Under the Laws of: IDAHO W 10690	6. Signature <u>Wade Povey</u> Date <u>2-16-02</u> Name <u>Wade Povey</u> Title _____														

Issued 02/14/2002

Do Not Tape or Staple