

No. **W 12388**

Due no later than Jul 31, 2001

Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable
NORTH IDAHO INSURANCE, LLC

102 SUPERIOR STREET
SANDPOINT, ID 83864

2. Registered Agent and Office **NO PO BOX**

DOUGLAS M O'COYNE SR
102 SUPERIOR STREET

SANDPOINT, ID 83864

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	John K Richardson	417 W 19th Ave	Spokane	WA	99203
Manager	Kelly F Egan	5211 W Alderwood	Spokane	WA	99208

5. Organized Under the Laws of:
IDAHO
W 12388

6.

Signature

(Typed or Printed) John K Richardson

Date

June 4, 2001

Title:

XXXX

Manager

3822