

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

NO FILING FEE IF

RECEIVED BY DUE DATE

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

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

Name
(Typed or
Printed)


John K Richardson

Date: June 4, 2001

Title: Manager

XXXX

3822