No. W 30649	Due no later than May 31, 2013	2. Registered A	2. Registered Agent and Address (NO PO BOX) KIM EVANS 8660 W EMERALD ST SUITE 182 BOISE ID 83704 3. New Registered Agent Signature:*			
Return to:	Annual Report Form	9660 W FM				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if nee EVANS FINANCIAL & INSURANCE LLC KIM EVANS	(((=(0))				
,	8660 W EMERALD ST SUITE 182 BOISE ID 83704	3. <u>New</u> Registe				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter	Names and Addresses of at least one Member or Manager	r.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER KIM EVA MEMBER SUSAN		BOISE BOISE	ID ID	USA USA	83713 83713	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID.	Signature: Kim Evans	Date: 04,	Date: 04/09/2013			
W 30649	Name (type or print): Kim Evans	Title: Ma	Title: Managing Member			
Processed 04/09/2013	* Electronically provided signatures are accepted as original signatures.					