

No. W 10690	Due no later than Jan 31, 2003 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box if applicable		WADE G POVEY 2479 POVEY RD AMERICAN FALLS, ID 83211 3. <u>New</u> Registered Agent Signature												
	POVEY INSURANCE, L.L.C. 2479 POVEY RD AMERICAN FALLS, ID 83211														
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td></td> <td>Manager Wade Povey</td> <td>2479 Povey Rd</td> <td>American Falls,</td> <td>ID</td> <td>83211</td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Manager Wade Povey	2479 Povey Rd	American Falls,	ID	83211
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	Manager Wade Povey	2479 Povey Rd	American Falls,	ID	83211										
5. Organized Under the Laws of: IDAHO W 10690		6. Signature <u></u> Date <u>1-29-03</u> Name (Typed or Printed) <u>Wade Povey</u> Title <u>Manager</u>													