

No. W 1748	Due no later than November 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX PATRICIA ANDERSON RECTOR 823 MAIN CALDWELL, ID 83605																								
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 ANDERSON INSURANCE AGENCY LLC PATRICIA ANDERSON RECTOR 823 MAIN CALDWELL, ID 83605		3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>Patricia Rector</td> <td>5076 N LANCER WAY</td> <td>Boise</td> <td>ID</td> <td>83713</td> </tr> <tr> <td>MEMBER</td> <td>Janet NEIL</td> <td>2603 S Willow Brook Pl</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>MEMBER</td> <td>TRACY WARFIELD</td> <td>3103 RAY St Caldwell</td> <td></td> <td>ID</td> <td>83605</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MEMBER	Patricia Rector	5076 N LANCER WAY	Boise	ID	83713	MEMBER	Janet NEIL	2603 S Willow Brook Pl	Caldwell	ID	83605	MEMBER	TRACY WARFIELD	3103 RAY St Caldwell		ID	83605
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5. Organized Under the Laws of: IDAHO W 1748		6. Signature <u>Patti Rector</u> Date <u>10/7/05</u> Name (Typed or Printed) <u>PATTI Rector</u> Title <u>10/7/05</u>																									

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