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|---|---------------------|--|---------------|---|---------|-------------|--|
| No. W 57504 | | Due no later than Dec 31, 2012 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. EVANS INSURANCE LLC ROBERT L EVANS 1221 W IRONWOOD DR #103 COEUR D'ALENE ID 83814 USA | | ROBERT L EVANS 1221 W IRONWOOD DR #103 COEUR D'ALENE ID 83814 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | ROBERT L EVANS | 2706 E CHERRY HILL RD | COEUR D ALENE | ID | USA | 83814 | |
| MANAGER | CLAIRENE V A EVANS | 2706 E CHERRY HILL RD | COEUR D ALENE | ID | USA | 83814 | |
| MANAGER | CHRISTOPHER R EVANS | 174 N DART ST | POST FALLS | ID | USA | 83854 | |
| 5. Organized Under the Laws of: ID W 57504 | | 6. Annual Report must be signed.* Signature: RLEvans Name (type or print): RLEvans | | | | | |
| | | Date: 01/09/2013 Title: Manager | | | | | |
| Processed 01/09/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | |