

<b>No. W 10690</b>	<b>Due no later than January 31, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>  WADE G POVEY 2479 POVEY RD AMERICAN FALLS, ID 83211																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  POVEY INSURANCE, L.L.C. 2479 POVEY RD AMERICAN FALLS, ID 83211		3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td><del>Member</del></td> <td>SUSAN Povey</td> <td>2479 Povey Rd</td> <td>American Falls</td> <td>Idaho</td> <td>83211</td> </tr> <tr> <td><del>Member</del></td> <td>WADE Povey</td> <td>2479 Povey Rd</td> <td>American Falls</td> <td>Idaho</td> <td>83211</td> </tr> <tr> <td><del>Member</del></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<del>Member</del>	SUSAN Povey	2479 Povey Rd	American Falls	Idaho	83211	<del>Member</del>	WADE Povey	2479 Povey Rd	American Falls	Idaho	83211	<del>Member</del>					
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5. Organized Under the Laws of:  IDAHO W 10690		6. Signature <u>Wade Povey</u> Date <u>12-06-04</u> Name <small>(Typed or Printed)</small> <u>Wade Povey</u> Title <u>member member</u>																									