

No. W 36558	Due no later than February 28, 2006 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		WILLIAM BARR TURLAY 10504 W FAIRVIEW AVE BOISE, ID 83704													
	TURLAY INSURANCE AGENCY LLC 10504 W FAIRVIEW AVE BOISE, ID 83704		3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>William Barr Turlay</td> <td>10504 W Fairview Ave</td> <td>Boise</td> <td>Id</td> <td>83704</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>	Member	William Barr Turlay	10504 W Fairview Ave	Boise	Id	83704
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Member	William Barr Turlay	10504 W Fairview Ave	Boise	Id	83704											
5. Organized Under the Laws of: IDAHO W 36558		6. Signature <u>William Barr Turlay</u> Date <u>12/08/05</u> Name (Typed or Printed) <u>Wm. Barr Turlay</u> Title <u>Member</u>														

Issued 12/01/2005

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