

No. W 17488

Due no later than December 31, 2005

Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

COLE INSURANCE, L.L.C.
612 MAIN ST
SALMON, ID 83467

2. Registered Agent and Office **NO PO BOX**

BRUCE A COLE
612 MAIN ST
SALMON, ID 83467

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	BRUCE A COLE	12 SADDLESPRINGS RD	NORTH FORK	ID	83466
"	MELISSA COLE	"	"	"	"
"	ROSS COLE	"	"	"	"

5. Organized Under the Laws of:
IDAHO
W 17488

6.

Signature

Melissa Cole

Date

11/22/05

Name (Typed or Printed)

Melissa Cole

Title

member

Issued 10/03/2005

Do Not Tape or Staple

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