

No. **W 12388**

**Due no later than Jul 31, 2002  
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

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

NORTH IDAHO INSURANCE, LLC  
102 SUPERIOR STREET  
SANDPOINT, ID 83864

DOUGLAS M O'COYNE SR  
102 SUPERIOR STREET

SANDPOINT, ID 83864

3. New Registered Agent Signature

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

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	John K Richardson	417 W 19th	Spokane	WA	99203
Manager	Kelly F Egan	5211 W Alderwood	Spokane	WA	99208

5. Organized Under the Laws of:

IDAHO  
W 12388

6.

Signature

Name (Typed or Printed)

Kelly F Egan

Date

7/31/2002

Title

Manager