

No. W 10690	Due no later than January 31, 2004 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: POVEY INSURANCE, L.L.C. 2479 POVEY RD AMERICAN FALLS, ID 83211	WADE G POVEY 2479 POVEY RD AMERICAN FALLS, ID 83211
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature

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	Wade Povey	2479 Povey Road	American Falls,	ID	83211

5. Organized Under the Laws of: IDAHO W 10690	6. Signature <u><i>Wade Povey</i></u> Date <u>12-15-03</u> (Typed or Printed) Name <u>WADE POVEY</u> Title <u>Manager</u>
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