No. W 57504

Due no later than December 31, 2007

Annual Report Form

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

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

EVANS INSURANCE LLC
~~8377 N SELKIRK CT~~
~~HAYDEN, ID 83835~~
118 N 7TH ST STE C-6
COEUR d'ALENE ID 83814

2. Registered Agent and Office NO PO BOX

ROBERT L EVANS
~~8377 N SELKIRK CT~~
~~HAYDEN, ID 83835~~
118 N 7TH ST STE C-6
COEUR d'ALENE ID 83814

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
	ROBERT L EVANS	8377 N SELKIRK CT,	HAYDEN	ID	83835
	CLAIRENE V.A EVANS	8377 N SELKIRK CT	HAYDEN	ID	83835
	CHRISTOPHER R EVANS.	716 S 11TH.	COEUR d'ALENE	ID	83814

5. Organized Under the Laws of:
IDAHO
W 57504

6.
Signature Rlevans Date 10/23/07
Name (Typed or Printed) ROBERT EVANS Title OWNER MANAGER

Issued 10/01/2007

Do Not Tape or Staple

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