

No. W 12388		Due no later than Jul 31, 2015		2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTH IDAHO INSURANCE, LLC KELLY F EGAN 102 SUPERIOR STREET SANDPOINT ID 83864 USA		KELLY F EGAN 102 SUPERIOR STREET SANDPOINT ID 83864	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	JOHN K RICHARDSON	2110 N WASHINGTON	SPOKANE	WA	99205
MANAGER	KELLY F EGAN	2110 N WASHINGTON	SPOKANE	WA	99205
5. Organized Under the Laws of: ID W 12388		6. Annual Report must be signed.* Signature: Kelly F Egan Name (type or print): Kelly F Egan Date: 08/19/2015 Title: Manager			
Processed 08/19/2015		* Electronically provided signatures are accepted as original signatures.			