

No. W 12388

Due no later than July 31, 2007

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
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

KELLY F EGAN
102 SUPERIOR STREET
SANDPOINT, ID 83864

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New 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	Kelly F Egan	5211 W Alderwood	Spokane	WA	99208
Manager	John K Richardson	417 W 19th Ave	Spokane	WA	99203

5. Organized Under the Laws of:
IDAHO
W 12388

6.

Signature

Date 6/4/07

Name (Typed or Printed)

John K. Richardson

Title Manager

Issued 05/01/2007

Do Not Tape or Staple

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