

No. <b>W 57504</b>		<b>Due no later than Dec 31, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  EVANS INSURANCE LLC ROBERT L EVANS 2415 N GOVERNMENT WAY #5 COEUR D'ALENE ID 83814 USA		ROBERT L EVANS 2415 N GOVERNMENT WAY #5 COEUR D'ALENE ID 83814			
				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	ROBERT L EVANS	2706 E CHERRY HILL RD	COEUR D ALENE	ID	USA	83814	
MANAGER	CLAIRENE V A EVANS	2706 E CHERRY HILL RD	COEUR D ALENE	ID	USA	83814	
MANAGER	CHRISTOPHER R EVANS	175 N DART	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:  <b>ID W 57504</b>		6. Annual Report must be signed.* Signature: Robert Evans Rle Name (type or print): Robert Evans Rle Date: 10/10/2011 Title: Manager					
Processed 10/10/2011		* Electronically provided signatures are accepted as original signatures.					