

<b>No. W 4509</b>	<b>Due no later than August 31, 2003 Annual Report Form</b>	2. Registered Agent and Office <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>	1. Mailing Address (Circle 1 in this box, if applicable)  EAGLE ROCK INSURANCE, LLC WINSTON V BEARD 2105 CORONADO  IDAHO FALLS, ID 83404	WINSTON V BEARD 2105 CORONADO  IDAHO FALLS, ID 83404  3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Kathy Haderlie</td> <td>458 Lomax</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>V. President</td> <td>Lynn Archibald</td> <td>458 Lomax</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Kathy Haderlie	458 Lomax	Idaho Falls	ID	83401	V. President	Lynn Archibald	458 Lomax	Idaho Falls	ID	83401
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V. President	Lynn Archibald	458 Lomax	Idaho Falls	ID	83401															
5. Organized Under the Laws of:  IDAHO W 4509	6. Signature <u>Kathy Haderlie</u> Date <u>6/16/03</u> Name (Typed or Printed) <u>Kathy Haderlie</u> Title <u>Pres</u>																			