REINSTATEMENT

FILED EFFECTIVE

No. W 60586

Annual Report Form
ADMIN DISSOLVED 06/05/2008

Return to:
SECRETARY OF STATE
450 N 4th STREET
PO BOX 83720
BOISE, ID 83720-0080

FEE DUE $30.00

1. Mailing Address - Correct in this box, if applicable
NEW WEST INSURANCE, L.L.C.
PO BOX 5859
KETCHUM, ID 83340

2. Registered Agent and Office NOT A P.O. BOX
MICHAEL N SMITH
280 W 2ND ST
KETCHUM, ID 83340

3. New registered agent signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors
Limited Liability Companies: Enter Names and Addresses of management
Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners.

Office held	Name	Street or P.O. Address	City	State	Zip
Member	Michael N. Smith	PO Box 5859	Ketchum	ID	83340

5. Organized under the laws of:
IDAHO
W 60586

6. Signature _____ Date 11/12/08
Name (Typed or Printed) Michael N. Smith Title Member

Issued 11/12/2008 by LJM