

No.

W 10690

Due no later than January 31, 2008

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

POVEY INSURANCE, L.L.C.
2479 POVEY RD
AMERICAN FALLS, ID 83211

WADE G POVEY
2479 POVEY RD
AMERICAN FALLS, ID 83211

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	Wade Povey	2479 Povey Road	American Falls	ID	83211

5. Organized Under the Laws of:
IDAHO
W 10690

6.

Signature

Wade Povey

Date

11-12-07

Name

(Typed or Printed)

Wade Povey

Title

Manager

Issued 11/01/2007

Do Not Tape or Staple

200801006093