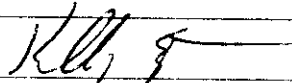


No. W 12388	Due no later than July 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable NORTH IDAHO INSURANCE, LLC 102 SUPERIOR STREET SANDPOINT, ID 83864	KELLY F EGAN 102 SUPERIOR STREET SANDPOINT, ID 83864			
		3. <u>New</u> 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	John K Richardson	417 W 19th Ave	Spokane	WA	99203
Manager	Kelly F Egan	5211 W Alderwood	Spokane	WA	99208
5. Organized Under the Laws of: IDAHO W 12388		6. Signature  Name <small>(Typed or Printed)</small> Kelly F Egan		Date 7/21/2005 Title 7/21/2005	

Issued 05/02/2005

Do Not Tape or Staple

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