

No. W 15388		Due no later than May 31, 2007		2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CUMMINGS AGENCY-FARMERS INSURANCE GROUP, LLC 613 N MIDLAND BLVD NAMPA ID 83651		JAMES CUMMINGS 613 N MIDLAND BLVD NAMPA ID 83651	
				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
MEMBER	JAMES CUMMINGS	2701 PASTEL AVE	HENDERSON	NV	89074
MEMBER	PATRICIA L CUMMINGS	2701 PASTEL AVE	HENDERSON	NV	89074
5. Organized Under the Laws of: IDAHO W 15388		6. Annual Report must be signed.* Signature: James Cummings Name (type or print): James Cummings Date: 05/13/2007 Title: Member			
Processed 05/13/2007		* Electronically provided signatures are accepted as original signatures.			