

No. W 6992	Due no later than September 30, 2006 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	1. Mailing Address - Correct in this box, if applicable		K SUE THOMASON 602 S LINCOLN JEROME, ID 83338												
NO FILING FEE IF RECEIVED BY DUE DATE	MOUNTAIN WEST INSURANCE, L.C. 602 S LINCOLN JEROME, ID 83338		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres/owner</td> <td>K. Sue Thomason</td> <td>602 S Lincoln</td> <td>Jerome</td> <td>ID</td> <td>83338</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres/owner	K. Sue Thomason	602 S Lincoln	Jerome	ID	83338
Office held	Name	Street or P.O. Address	City	State	Zip										
Pres/owner	K. Sue Thomason	602 S Lincoln	Jerome	ID	83338										
5. Organized Under the Laws of: IDAHO W 6992		6. Signature <u>K. Sue Thomason</u> Date <u>7-11-06</u> Name (Typed or Printed) <u>K Sue Thomason</u> Title <u>owner</u>													

Issued 07/03/2006

Do Not Tape or Staple

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