No. **W 417**	**Due no later than Jul 31, 2008** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** INDEPENDENT MORTGAGE LTD. CO. CASEY S KRIVOR PO BOX 905 SANDPOINT ID 83864	CASEY S KRIVOR 506 W ALDER STE 200 SANDPOINT ID 83864 3. New 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
MANAGER	STEVEN G LAZAR	PO BOX 1023	SANDPOINT	ID	USA	83864
MANAGER	CASEY S KRIVOR	PO BOX 905	SANDPOINT	ID	USA	83864
MANAGER	DAN S JACOBSON	PO BOX 905	SANDPOINT	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 417**	Signature: Casey S. Krivor	Date: 05/12/2008
	Name (type or print): Casey S. Krivor	Title: Manager

Processed 05/12/2008

* Electronically provided signatures are accepted as original signatures.