

No. W 27615

Due no later than December 31, 2007  
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

HENRY INSURANCE AGENCY, LLC  
904 12TH AVE SOUTH  
NAMPA, ID 83651

ROBERT L HENRY  
904 12TH AVE SOUTH  
NAMPA, ID 83651

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

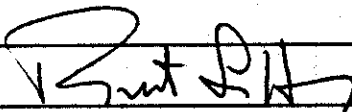
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	ROBERT L. HENRY	904 12TH AVE SO.	NAMPA	ID	83651

5. Organized Under the Laws of:

IDAHO  
W 27615

6.

Signature



Date

10/10/07

Name (Typed or Printed)

ROBERT L. HENRY

Title

MANAGER

Issued 10/01/2007

Do Not Tape or Staple

200712008000