

No. W 18079	Due no later than February 29, 2004 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		CASEY CRITCHFIELD												
	CRITCHFIELD INSURANCE, L.L.C. 329 S 4TH ST RUPERT, ID 83350		329 S 4TH ST RUPERT, ID 83350												
3. <u>New</u> Registered Agent Signature															
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Casey Critchfield</td> <td>329 South 4th</td> <td>Rupert</td> <td>Idaho</td> <td>83350</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Casey Critchfield	329 South 4th	Rupert	Idaho	83350
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Casey Critchfield	329 South 4th	Rupert	Idaho	83350										
5. Organized Under the Laws of: IDAHO W 18079		6. Signature <u>Casey C Critchfield</u> Date <u>3-4-04</u> Name <small>(Typed or Printed)</small> <u>Casey C Critchfield</u> Title <u>Manager</u>													