

No. W 12388	Due no later than Jul 31, 2011 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. NORTH IDAHO INSURANCE, LLC KELLY F EGAN 102 SUPERIOR STREET SANDPOINT ID 83864 USA		KELLY F EGAN 102 SUPERIOR STREET SANDPOINT ID 83864			
			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
MANAGER	JOHN K RICHARDSON	102 SUPERIOR STREET	SANDPOINT	ID	USA	83864
MANAGER	KELLY F EGAN	102 SUPERIOR STREET	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of: ID W 12388	6. Annual Report must be signed.* Signature: John Richardson Name (type or print): John Richardson		Date: 06/22/2012 Title: Manager			
Processed 06/22/2012		* Electronically provided signatures are accepted as original signatures.				