

No. <b>W 57504</b>		<b>Due no later than Dec 31, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		ROBERT L EVANS 118 N 7TH ST STE C-6 COEUR D'ALENE ID 83814			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		EVANS INSURANCE LLC ROBERT L EVANS 118 N 7TH ST STE C-6 COEUR D'ALENE ID 83814					
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	ROBERT L EVANS	8377 N SELKIRK CT	HAYDEN	ID	USA	83835	
MANAGER	CLAIRENE V A EVANS	8377 N SELKIRK CT	HAYDEN	ID	USA	83835	
MANAGER	CHRISTOPHER R EVANS	716 S 11TH ST	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of:  <b>ID W 57504</b>		6. Annual Report must be signed.* Signature: Robert L Evans Name (type or print): Robert L Evans		Date: 10/16/2009 Title: Manager			
Processed 10/16/2009		* Electronically provided signatures are accepted as original signatures.					