

No. <b>C 140962</b>		<b>Due no later than Oct 31, 2010</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  MORGAN INSURANCE, INC. LYN L MORGAN PO BOX 3052 TWIN FALLS ID 83303		LYN MORGAN 904 BLUE LAKES BLVD TWIN FALLS ID 83301			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	LYN L MORGAN	P O BOX 3052	TWIN FALLS	ID	USA	83303	
5. Organized Under the Laws of:  <b>ID</b> <b>C 140962</b>		6. Annual Report must be signed.*  Signature: Lyn L Morgan Name (type or print): Lyn L Morgan					
Processed 08/14/2010		* Electronically provided signatures are accepted as original signatures.					
Date: 08/14/2010 Title: President							