

No. C 68893	Due no later than Jan 31, 2002 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	1. Mailing Address - Correct in this box, if applicable LAKE CITY INSURANCE SERVICES, INC. DONALD R SMOCK 1000 NORTHWEST BLVD #200 COEUR D'ALENE, ID 83814	DONALD R. SMOCK 1000 NORTHWEST BLVD #200 COEUR D'ALENE, ID 83814
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT:	DONALD R. SMOCK	1000 NW BLVD # 200	COEUR D'ALENE,	ID	83814
SECRETARY/TREASURER:	MARGARET L. SMOCK	1000 NW BLVD # 200	COEUR D'ALENE,	ID	83814

5. Organized Under the Laws of: IDAHO C 68893	6. Signature <u>Donald R Smock</u> Date <u>11/20/01</u> Name (Typed or Printed) <u>DONALD R. SMOCK</u> Title <u>PRESIDENT</u>
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