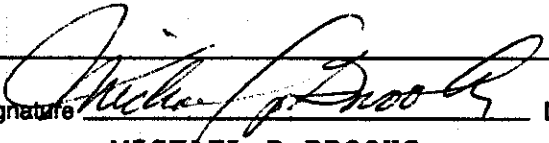


No. C 80910	Due no later than March 31, 2007		2. Registered Agent and Office NO PO BOX																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		MICHAEL P BROOKS																									
	1. Mailing Address - Correct in this box, if applicable MICHAEL P. BROOKS INSURANCE AGENCY MICHAEL P BROOKS 6613 W USTICK RD BOISE, ID 83704		6617 W USTICK RD BOISE, ID 83704																									
			3. New Registered Agent Signature																									
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width: 100%;"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT,</td> <td>MICHAEL P. BROOKS</td> <td>6613 W USTICK RD</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>SECRETARY,</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>AND DIRECTOR</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT,	MICHAEL P. BROOKS	6613 W USTICK RD	BOISE	ID	83704	SECRETARY,						AND DIRECTOR					
Office held	Name	Street or P.O. Address	City	State	Zip																							
PRESIDENT,	MICHAEL P. BROOKS	6613 W USTICK RD	BOISE	ID	83704																							
SECRETARY,																												
AND DIRECTOR																												
5. Organized Under the Laws of: IDAHO C 80910	6.  Signature _____ Name (Typed or Printed) MICHAEL P BROOKS		Date 1-10-2007 Title PRES																									

Issued 01/02/2007

Do Not Tape or Staple

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