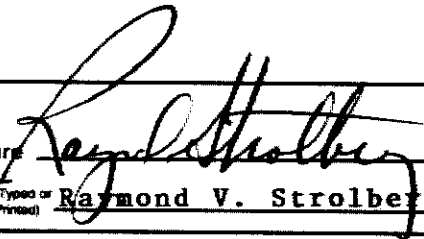
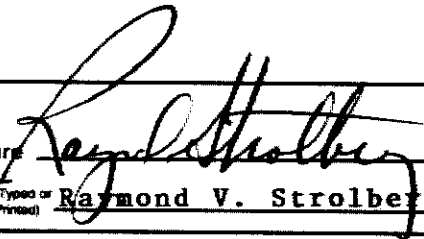
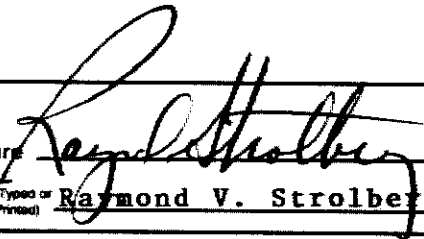


No. C 80165	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX															
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address. Please Correct if Not Correct		RAYMOND V STROLBERG 705 FILLMORE															
	STROLBERG-LEAVITT INSURANCE RAYMOND V STROLBERG PO BOX 5099 TWIN FALLS ID 83303 0047		TWIN FALLS ID 83301 3. Organized Under the Laws of: ID C 80165															
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																		
<table border="1"> <thead> <tr> <th data-bbox="28 707 536 739">5. <u>New</u> Registered Agent Signature</th> <th colspan="4" data-bbox="536 707 1470 739">6.</th> </tr> </thead> <tbody> <tr> <td data-bbox="28 739 536 860" rowspan="2"></td> <td colspan="2" data-bbox="536 739 1098 803"> Signature  </td> <td colspan="2" data-bbox="1098 739 1470 803"> Date 10-8-99 </td> </tr> <tr> <td colspan="2" data-bbox="536 803 1098 860"> Name (Typed or Printed) Raymond V. Strolberg </td> <td colspan="2" data-bbox="1098 803 1470 860"> Title Reg. Agent </td> </tr> </tbody> </table>					5. <u>New</u> Registered Agent Signature	6.					Signature 		Date 10-8-99		Name (Typed or Printed) Raymond V. Strolberg		Title Reg. Agent	
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	Name (Typed or Printed) Raymond V. Strolberg		Title Reg. Agent															

ISSUED: 10-01-1999
1593