No. C 18346			Due no later than Dec 31, 2002 Annual Report Form				2. Registered Agent and Office NO PO BOX			
Return to: SECRETARY OF STATE			Mailing Address - Correct in this box, if applicable IDAHO INSURANCE AGENCY, INC.				ROBERT E. KELLER 1010 17TH ST.			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE			ROBERT E KELLER BOX 259					LEWISTON, ID 83501 3. New Registered Agent Signature		
			4. Corpo	estions: Enter N	ames	and Business Addr	esses of Pr	esident,	Secretary	and D
Office held Name		aines	Street or P.O. Ad		<u>City</u>			<u>Zip</u>		
Drag	Robert	ъĸ	7eller 2606	Sunset	Dr	Lewis	ton	ID	83501	
Pres S/T	Marian			Sunset		Lewis	ton	ID	83501	
5. Organized	Under the Laws of	:	6. Signature _		Set	Kell	In	_ Date	10-16-02	
C 18346			Name (Typed or Bob Ke			<u>ler</u>		_ Title _	Pres	
	sued 10/01/2003	`	Do t	Not Tape or	Stanle				3193	