

No. <b>C 151475</b>		Due no later than Oct 31, 2005 <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> ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC. DIRK C VISSER PO BOX 3018 MISSOULA MT 59806 3018 USA		CT CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83702 0000	
				3. <u>New</u> Registered Agent Signature:*	
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
5. Organized Under the Laws of:  <b>MONTANA C 151475</b>		6. Annual Report must be signed.* Signature: RONALD K. DEWSNUP Name (type or print): RONALD K. DEWSNUP Date: 08/22/2005 Title: PRESIDENT			
Processed 08/22/2005		* Electronically provided signatures are accepted as original signatures.			