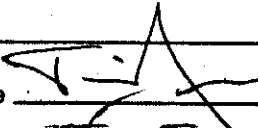


No. C 109212 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than January 31, 2008 Annual Report Form 1. Mailing Address - Correct in this box, if applicable TIM JENESON INSURANCE AGENCY, INC. TIM JENESON PO BOX 477 KETCHUM, ID 83340	2. Registered Agent and Office NO PO BOX TIM JENESON 540 FIRST AVE NORTH STE 202 KETCHUM, ID 83340 3. New Registered Agent Signature																														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Tim Jeneson</td> <td>PO Box 1598</td> <td>Hailey</td> <td>ID</td> <td>83333</td> </tr> <tr> <td>Secretary</td> <td>Nancy Jeneson</td> <td>PO Box 1598</td> <td>Hailey</td> <td>ID</td> <td>83333</td> </tr> <tr> <td>Director</td> <td>Tim Jeneson</td> <td>PO Box 1598</td> <td>Hailey</td> <td>ID</td> <td>83333</td> </tr> <tr> <td>Director</td> <td>Nancy Jeneson</td> <td>PO Box 1598</td> <td>Hailey</td> <td>ID</td> <td>83333</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Tim Jeneson	PO Box 1598	Hailey	ID	83333	Secretary	Nancy Jeneson	PO Box 1598	Hailey	ID	83333	Director	Tim Jeneson	PO Box 1598	Hailey	ID	83333	Director	Nancy Jeneson	PO Box 1598	Hailey	ID	83333
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5. Organized Under the Laws of: IDAHO C 109212	6. Signature  Name (Typed or Printed) <u>Tim Jeneson</u> Date <u>1-2-08</u> Title <u>Pres.</u>																															

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