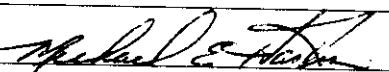
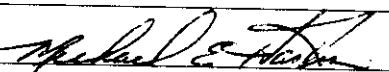
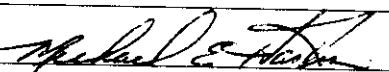


No. C 133298 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Mar 31, 2003 Annual Report Form <div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> HASKIN INSURANCE SERVICES, INC. MICHAEL E HASKIN PO BOX 306 RUPERT, ID 83350	2. Registered Agent and Office NO PO BOX MICHAEL E HASKIN 518 ONEIDA RUPERT, ID 83350 3. <u>New</u> Registered Agent Signature
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4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President-	Michael E. Haskin	P.O. Box 291	Heyburn	Id	83336
Sec./Treas -	Tracy L. Haskin	P.O. Box 291	Heyburn	Id	83336

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 133298</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>4/14/03</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>MICHAEL E. HASKIN</u></td> <td>Title <u>President</u></td> </tr> </table>	Signature 	Date <u>4/14/03</u>	Name (Typed or Printed) <u>MICHAEL E. HASKIN</u>	Title <u>President</u>
Signature 	Date <u>4/14/03</u>				
Name (Typed or Printed) <u>MICHAEL E. HASKIN</u>	Title <u>President</u>				