

No. <b>C 159979</b>		<b>Due no later than Apr 30, 2006</b> <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>1. Mailing Address: Correct in this box if needed.</b>  VASQUEZ INSURANCE AGENCY, INC. GABRIEL VASQUEZ 213 11TH AVE S NAMPA ID 83651		GABRIEL VASQUEZ 213 11TH AVE S NAMPA ID 83651			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
PRESIDENT	GABRIEL VASQUEZ	213 11TH AVENUE SOUTH	NAMPA	ID	USA	83651	
SECRETARY	GABRIEL VASQUEZ	213 11TH AVENUE SOUTH	NAMPA	ID	USA	83651	
DIRECTOR	GABRIEL VASQUEZ	213 11TH AVENUE SOUTH	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:  <b>IDAHO</b> <b>C 159979</b>		6. Annual Report must be signed.*  Signature: Gabriel Vasquez Name (type or print): Gabriel Vasquez					
		Date: 05/03/2006 Title: President					
Processed 05/03/2006		* Electronically provided signatures are accepted as original signatures.					