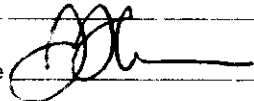


No. W 19712	Due no later than June 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable GLACIER INSURANCE SERVICES LLC PO BOX 1268 POST FALLS, ID 83877		JAMES D DICKINSON 1910 E SCHNEIDMILLER AVE POST FALLS, ID 83877												
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td></td> <td colspan="5" style="text-align: center;">James E DICKINSON Insurance Inc PO Box 1268 Post Falls ID 83877</td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		James E DICKINSON Insurance Inc PO Box 1268 Post Falls ID 83877				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	James E DICKINSON Insurance Inc PO Box 1268 Post Falls ID 83877														
5. Organized Under the Laws of: IDAHO W 19712	6. Signature  Date <u>6-24-05</u> Name (Typed or Printed) <u>James D. Dickinson</u> Title _____														

Issued 04/01/2005

Do Not Tape or Staple

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