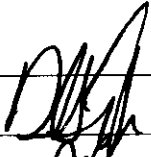


No. C 69632	Due no later than Apr 30, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable TROY INSURANCE AGENCY, INC. DAVID S. TROY PO BOX 796 LEWISTON, ID 83501		DAVID S TROY 625 8TH STREET LEWISTON, ID 83501
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	DAVID S. TROY JR.	625 8TH ST PO BOX 796	LEWISTON	IDAHO	83501
SECRETARY SECRETARY	GILA TROY	625 8TH ST PO BOX 796	LEWISTON	IDAHO	83501

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 69632</div>	6. <div style="text-align: center;">  Signature _____ Date <u>3/27/02</u> Name (Typed or Printed) <u>DAVID S. TROY JR</u> Title <u>PRES.</u> </div>
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