

No. C 80910	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX MICHAEL P. BROOKS XXXXXX W XXXXX ROAD XXXX 6617 W USTICK ROAD BOISE ID 83704	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct MICHAEL P. BROOKS INSURANCE MICHAEL P. BROOKS XXXXXX W XXXXX ROAD XXXXXX 6617 W USTICK ROAD BOISE BOISE ID 83704		3. Organized Under the Laws of: ID C 80910	
* FIRST NOTICE *				
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<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 P BROOKS	6617 W USTICK ROAD	BOISE	IDAHO 83704
SEC/DIR	MICHAEL P BROOKS	6617 W USTICK ROAD	BOISE	IDAHO 83704
5. NATURE OF BUSINESS INSURANCE AGENCY		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Michael P Brooks</i></u> Date <u>7-23-96</u> Name (Typed or Printed) <u>MICHAEL P BROOKS</u> Title <u>PRESIDENT</u>		

ISSUED: 07-06-1996

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