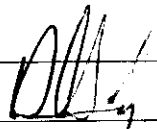


<b>No. C 69632</b>	<b>Due no later than April 30, 2004</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b> DAVID S TROY 625 8TH STREET LEWISTON, ID 83501																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable TROY INSURANCE AGENCY, INC. DAVID S. TROY PO BOX 796  LEWISTON, ID 83501	3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>DAVID S TROY JR</td> <td>1445 E 6TH ST</td> <td>LEWISTON</td> <td>ID</td> <td>83843</td> </tr> <tr> <td>SEC/TREAS</td> <td>GISELA TROY</td> <td>2810 9TH AVE</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	DAVID S TROY JR	1445 E 6TH ST	LEWISTON	ID	83843	SEC/TREAS	GISELA TROY	2810 9TH AVE	LEWISTON	ID	83501
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<div style="display: flex; justify-content: space-between;"> <div style="width: 35%;">         5. Organized Under the Laws of:          IDAHO          C 69632       </div> <div style="width: 60%;">         6.           Signature _____ Date <u>2/6/04</u>          Name (Typed or Printed) <u>DAVID S TROY JR</u> Title <u>PRES.</u> </div> </div>																				