

No. C 118042

Due no later than January 31, 2009

## Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CAMAS PRAIRIE INSURANCE, INC.  
DOMINIC J LUSTIG  
~~P.O. BOX 576~~ 608 King St.  
COTTONWOOD, ID 83522DOMINIC J LUSTIG  
608 KING ST  
COTTONWOOD, ID 83522**NO FILING FEE IF  
RECEIVED BY DUE DATE**3. New Registered Agent Signature

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

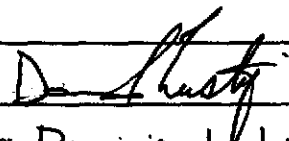
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres/Tres	Dominic J. Lustig	P.O. Box 481	Cottonwood	ID	83522
VP/Sec	Shelli K. Schumacher	P.O. Box 152	Cottonwood	ID	83522

5. Organized Under the Laws of:

IDAHO  
C 118042

6.

Signature



Date

12-10-08

Name (Typed or Printed)

Dominic J. Lustig

Title

Pres/Tres

Issued 11/05/2008

Do Not Tape or Staple

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