

No. 084404	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1988		2. Registered Agent and Office											
Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b> SEP 26 AM 10 44	1. Mailing Address — Please Correct 084404		<b>C T CORPORATION SYSTEM</b> <b>300 NORTH 6TH STREET</b> <b>BOISE, IDAHO</b> <b>83701</b>											
	<b>AG AGENCY, INC.</b> <del>NOEL K. ESTENSON</del> <b>WILLIAM KARSTEN</b> <b>5500 CENEX DR.</b> <b>INVER GROVE HEIGHTS, MINNESOTA</b> <b>55075</b>		3. Incorporated Under The Laws of <b>STATE OF MINNESOTA</b>											
4. Names and Addresses of Officers and Directors														
<table border="1"> <thead> <tr> <th data-bbox="24 388 404 430">Name</th> <th data-bbox="404 388 1049 430">Street or P.O. Address</th> <th data-bbox="1049 388 1181 430">City</th> <th data-bbox="1181 388 1346 430">State</th> <th data-bbox="1346 388 1610 430">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="24 430 404 547">           President:            Secretary:            Directors:         </td> <td colspan="4" data-bbox="404 430 1610 547" style="text-align: center;"> <b>SEE ATTACHED LIST</b> </td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Secretary: Directors:	<b>SEE ATTACHED LIST</b>			
Name	Street or P.O. Address	City	State	Zip										
President: Secretary: Directors:	<b>SEE ATTACHED LIST</b>													
5. Nature of Business <b>INSURANCE SALES</b>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td data-bbox="520 867 1049 941">           Signature <i>William E. Karsten</i>            Name (Type or Print) <b>WILLIAM E. KARSTEN</b> </td> <td data-bbox="1049 867 1610 941">           Date <b>8/10/88</b>            Title <b>ASSISTANT SECRETARY</b> </td> </tr> </table>				Signature <i>William E. Karsten</i> Name (Type or Print) <b>WILLIAM E. KARSTEN</b>	Date <b>8/10/88</b> Title <b>ASSISTANT SECRETARY</b>								
Signature <i>William E. Karsten</i> Name (Type or Print) <b>WILLIAM E. KARSTEN</b>	Date <b>8/10/88</b> Title <b>ASSISTANT SECRETARY</b>													

 ENTERED  
 SEP 27 1988

1630 Wexford Way  
Woodbury, MN 55125

Vice Chairman: Ron Ostby (SS [REDACTED])  
7240 York Avenue South, #306  
Edina, Minnesota 55435

Secretary: William Kenny (SS [REDACTED])  
4221 Country Club Road  
Edina, Minnesota 55424

Treasurer: Joel Koonce (SS [REDACTED])  
16524 Grays Bay Boulevard  
Wayzata, Minnesota 55391

A. Please correct a

B. You may change  
address must be

any necessary Members of the Board:

C. You must enter a

D. This report must  
agent or attorney

E. Return completed annual report form to:

Board Member: Leon Westbrook (SS [REDACTED])  
7680 Bowman Court  
Inver Grove Heights, Minnesota 55075

Board Member: Thomas Wright (SS [REDACTED])  
3611 Ironwood Court  
Excelsior, Minnesota 55331

Pete T. Cenarrusa  
Secretary of State  
Room 203, Statehouse  
Boise, Idaho 83720  
(208) 334-2300

**DUE NO LATER THAN NOVEMBER 1**

The registered office  
hours. Please make

manager, accountant,