

July 23, 1994

CONSUMER INSURANCE ASSOCIATES
JEAN FRYKHOLM
PO BOX 21646
COLUMBIA SC 29221

RE: CONSUMER INSURANCE ASSOCIATES File Number C 103054

Dear Ms. Frykholm:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

You have stated that the corporation is not doing business in Idaho. The records of this office, however, do not indicate that the corporation has filed an application for withdrawal from this state.

Enclosed please find an application for withdrawal. This office requires the application in duplicate and fees of \$20.00 to effect the withdrawal.

If instead you wish to just allow the corporation to forfeit its right to do business in Idaho, then please disregard any subsequent annual report forms which you may receive. If an application for withdrawal or annual report is not filed before December 1, 1994, the corporation will forfeit its right to do business on that date.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

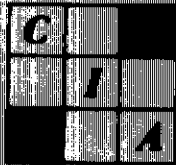
Very truly yours,

Tonya Herold
Corporate Division

Enclosures: cited

ISSUED: 07-05-1994

No. 103054	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
<i>Return To</i> Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	<i>Due No Later Than November 1, 1994</i>		PRENTICE-HALL CORP 877 MAIN ST BOISE ID 83702																					
	CONSUMER INSURANCE ASSOCIATES, TIM BOAN PO BOX 21646 COLUMBIA SC 29221																							
3. Incorporated Under The Laws of SC No: 103054																								
4. Names and Addresses of Officers and Directors <table border="1"><thead><tr><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>President:</td><td></td><td></td><td></td><td></td></tr><tr><td>Secretary:</td><td></td><td></td><td></td><td></td></tr><tr><td>Directors:</td><td></td><td></td><td></td><td></td></tr></tbody></table>					Name	Street or P.O. Address	City	State	Zip	President:					Secretary:					Directors:				
Name	Street or P.O. Address	City	State	Zip																				
President:																								
Secretary:																								
Directors:																								
5. Nature of Business	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>Signature</td><td>Date</td></tr><tr><td>Name (Typed or Printed)</td><td>Title</td></tr></table>				Signature	Date	Name (Typed or Printed)	Title																
Signature	Date																							
Name (Typed or Printed)	Title																							



Consumer Insurance Associates, Inc.

204 LEWAND DRIVE • P.O. BOX 21648
COLUMBIA, SOUTH CAROLINA 29221 • TELEPHONE (803) 772-8332
FAX (803) 772-5403

July 14, 1994

Secretary Of State
Room 203, Statehouse
P.O. Box 83720
Boise, Idaho 83720-0080

RE: Annual Report Form

To Whom It May Concern:

Please find enclosed Idaho Corporation Annual Report Form forwarded to us by your office. We have not been doing business in the State of Idaho for over a year now and there won't be any business to report.

At your earliest convenience, please update your records to reflect the fact that we are no longer doing business in Idaho.

Should you have any questions regarding same, please feel free to contact our office.

Sincerely,

CONSUMER INSURANCE ASSOCIATES, INC.


Jean Frykholm
Office Manager

/jff

Encl: (1)