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|---|-----------------|--|----------|---|-------|
| No. <b>C 95142</b>  |                 | <b>Due no later than 4/30/2009<br/>Annual Report Form</b>  |          | 2. Registered Agent and Address<br>(NO PO BOX)        |       |
| Return to:<br>SECRETARY OF STATE<br>450 NORTH FOURTH STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | 1. Mailing Address: Correct in this box if needed.<br>FITCH INSURANCE AGENCIES, INC.<br>BARBARA S FITCH<br>PO BOX #547<br>PAYETTE ID 83661 |          | BARBARA S FITCH<br>815 CENTER AVE<br>PAYETTE ID 83661 |       |
|   |                 |  |          | 3. <u>New</u> Registered Agent Signature:             |       |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.  |                 |  |          |   |       |
| Office Held   | Name            | Street or PO Address   | City     | State   | Zip   |
| PRESIDENT   | BARBARA S FITCH | P O Box #547   | PAYETTE, | ID  | 83661 |
| SECRETARY   | E ANN SCHIEMER  | P O Box #547   | PAYETTE, | ID  | 83661 |
| VICE-PRES   | JAY D FITCH     | P O Box #547   | PAYETTE, | ID  | 83661 |
| 5. Organized Under the Laws of: <b>ID<br/>C 95142</b>   |                 |  |          |   |       |
| 6. Annual Report must be signed   |                 | Signature:   |          | Date: <b>2-14-09</b>                                  |       |
| Name(type or print):  |                 | <b>BARBARA S FITCH</b>   |          | Title: <b>PRESIDENT</b>                               |       |