

No. <b>C 106198</b>		<b>Due no later than May 31, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
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>		<b>1. Mailing Address: Correct in this box if needed.</b>  CHARLES A. STEVENS, INSURANCE AGENCY INC. CHARLES A STEVENS 130 BROADWAY NORTH BUHL ID 83316		CHARLES A STEVENS 130 BROADWAY NORTH BUHL ID 83316			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	PHILIP B STEVENS	885 HORSE LN	LEWISTON	ID	USA	83501-7020	
SECRETARY	LEILA S NELSON	142 LOS LEGOS	TWIN FALLS	ID	USA	83301	
DIRECTOR	CHARLES A STEVENS	711 RIMVIEW DR.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID</b> <b>C 106198</b>		6. Annual Report must be signed.*  Signature: Charles Stevens Name (type or print): Charles Stevens					
		Date: 03/10/2009 Title: President					
Processed 03/10/2009      * Electronically provided signatures are accepted as original signatures.							