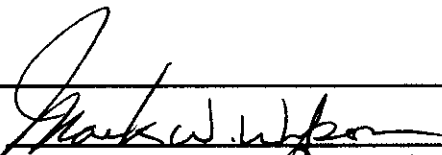


FILED EFFECTIVE

REINSTATEMENT

No. C 106637	Annual Report Form ADMIN DISSOLVED 09/09/2004		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Complete in this box, if applicable		MARK W WILPONEN 622 BRYDEN AVE LEWISTON, ID 83501
	MARK WILPONEN INSURANCE AGENCY, INC MARK W WILPONEN 622 BRYDEN AVE LEWISTON, ID 83501		3. <u>New</u> registered agent signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u> PRES. V. PRES. SEC/TREAS.	<u>Name</u> MARK WILPONEN ANN L. WILPONEN SHIRLEY S. SQUIRES	<u>Street or P.O. Address</u> 622 BRYDEN AVE " " " " " "	<u>City</u> LEWISTON " " " " " " <u>Zip</u> 83501 " " "
5. Organized under the laws of: IDAHO C 106637	6. Signature  Date <u>9-17-04</u> Name (Typed or Printed) <u>MARK W. WILPONEN</u> Title <u>PRES.</u>		

Issued 09/14/2004 by MS1