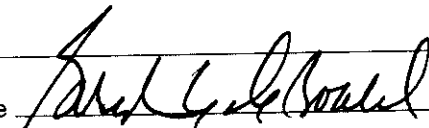


No. <b>C 111620</b>	<b>Due no later than August 31, 2003</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box if applicable		BERYL E DEBOARD 1000 MAIN ST												
	DEBOARD INSURANCE, INC. BERYL E DEBOARD 1000 MAIN ST  SALMON, ID 83467		SALMON, ID 83467  3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>SEC.</td> <td>BERYL DEBOARD</td> <td>1000 MAIN ST.</td> <td>SALMON</td> <td>ID</td> <td>83467</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	SEC.	BERYL DEBOARD	1000 MAIN ST.	SALMON	ID	83467
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
SEC.	BERYL DEBOARD	1000 MAIN ST.	SALMON	ID	83467										
5. Organized Under the Laws of:  IDAHO C 111620	6. Signature  Date <u>6-10-03</u> Name (Typed or Printed) <u>BERYL E. DEBOARD</u> Title <u>SEC. TREAS.</u>														