

No. C 140962

Due no later than October 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

LYN MORGAN
904 BLUE LAKES BLVD
TWIN FALLS, ID 83301

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

MORGAN INSURANCE, INC.
PO BOX 3052
TWIN FALLS, ID 83303

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|-------------|-------------------------------|-------------|--------------|------------|
| Pres. | Lyn Morgan | Same as above | h | h | h |
| V.P. | Mike Morgan | h | h | h | h |

5. Organized Under the Laws of:
IDAHO
C 140962

6.

Signature

Name (Typed or Printed)

Date

Title

8/18/08
President

Issued 08/06/2008

Do Not Tape or Staple

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