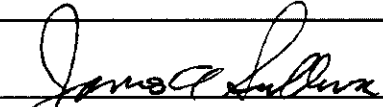
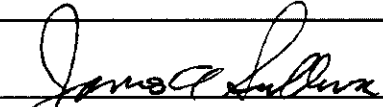
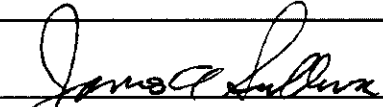


No. C 73315	Annual Report Form 1998 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct RISK MANAGEMENT SPECIALISTS, JAMES A. SULLIVAN 2119 HARRISON BLVD		JAMES A. SULLIVAN 2119 HARRISON BLVD BOISE ID 83702													
** FINAL NOTICE **	BOISE ID 83702		3. Organized Under the Laws of: ID C 73315													
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) <table border="1" data-bbox="95 380 1470 455"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRES</td> <td>JAMES A SULLIVAN</td> <td>2119 HARRISON BLVD</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRES	JAMES A SULLIVAN	2119 HARRISON BLVD	BOISE	ID	83702
Office held	Name	Street or P.O. Address	City	State	Zip											
PRES	JAMES A SULLIVAN	2119 HARRISON BLVD	BOISE	ID	83702											
5. Signature of New Registered Agent		6. <table border="1" data-bbox="591 742 1470 838"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>10-26-98</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>JAMES A SULLIVAN</td> <td>Title</td> <td>PRES</td> </tr> </table>			Signature		Date	10-26-98	Name (Typed or Printed)	JAMES A SULLIVAN	Title	PRES				
Signature		Date	10-26-98													
Name (Typed or Printed)	JAMES A SULLIVAN	Title	PRES													

ISSUED: 10-03-1998

↓ DO NOT TAPE OR STAPLE ↓

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