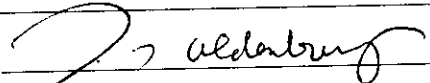
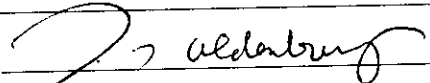
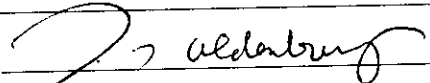


No. C 141192	Due no later than Oct 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable OLDENBURG INSURANCE, INC. TRACY OLDENBURG 404 S EAGLE RD #D EAGLE, ID 83616		TRACY OLDENBURG 404 S EAGLE RD #D EAGLE, ID 83616												
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Tracy Oldenburg</td> <td>404 S. Eagle Rd. #D</td> <td>Eagle</td> <td>ID</td> <td>83616</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>	President	Tracy Oldenburg	404 S. Eagle Rd. #D	Eagle	ID	83616
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Tracy Oldenburg	404 S. Eagle Rd. #D	Eagle	ID	83616										
5. Organized Under the Laws of: IDAHO C 141192		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"> Signature  </td> <td style="width: 50%;"> Date <u>9/25/02</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> <u>Tracy Oldenburg</u> </td> <td> Title <u>President</u> </td> </tr> </table>		Signature 	Date <u>9/25/02</u>	Name <small>(Typed or Printed)</small> <u>Tracy Oldenburg</u>	Title <u>President</u>								
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