

No. C 136189

Due no later than November 30, 2006
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

ALLEN INSURANCE AGENCY, INC.
PO BOX K
COUNCIL, ID 83612

MARYANN ALLEN
203 MICHIGAN AVE
COUNCIL, ID 83612

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>
President	Maryann Allen	P.O. Box K	Council	ID	83612

5. Organized Under the Laws of:

IDAHO
C 136189

6.

Signature Maryann Allen Date 8-18-04

Name (Type or Printed) Title _____