No. C 136189	Due no later than November 30, 2006	2. Registered Agent and Office NO PO BO
PO POV 83720	Annual Report Form 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 3. New Registered Agent Signature
Office held Name	and the Contract	
Pasident Mayem		state Zip reil Zil 83612
5. Organized Under the Laws of:		•