

No. W 417

Due no later than Jul 31, 2003
Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address Correct in this box, if applicable

INDEPENDENT MORTGAGE LTD. CO.
DAN S JACOBSON
PO BOX 905

SANDPOINT, ID 83864

2. Registered Agent and Office **NO PO BOX**

DAN S JACOBSON
212 N FIRST AVE #103
SANDPOINT, ID 83864

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Dan S. Jacobson	P.O. Box 905	Sandpoint	ID	83864
Manager	Casey S. Krivor	P.O. Box 905	Sandpoint	ID	83864

5. Organized Under the Laws of:

IDAHO
W 417

6.

Signature

Name (Typed or
Printed)

Casey S. Krivor

Date 5/20/03

Title Manager