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C 157088	Annual Report Form  Mailing Address - Correct in this box, if applicable	GEOFFREY R LEWIS
CRETARY OF STATE	OFF LEWIS INSURANCE AGENCY, INC.	BOISE, ID 83704  3. New Registered Agent Signature
FILING FEE IF	# Procident Secre	ary and Directors.
Corporations: Enter Names a	and Business Addresses of President, Secre	ity State Zip
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5. Organized Under the Laws of: IDAHO	Signature Signature	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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