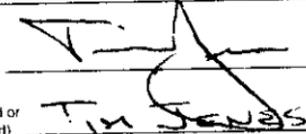


No. C 109212	Due no later than January 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable TIM JENESON INSURANCE AGENCY, INC. TIM JENESON PO BOX 477 KETCHUM, ID 83340		TIM JENESON 540 FIRST AVE NORTH STE 202 KETCHUM, ID 83340 3. <u>New</u> 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>
Pres.	Tim Jeneson	Po Box 1598	Hailey	ID	83333
V. Pres	Nancy Jeneson	Po Box 1598	Hailey	ID	83337
Secretary	Leah Broman	221 Robin Hood	Hailey	ID	83337
Director	Tim Jeneson	Po Box 1598	Hailey	ID	83333
Director	Nancy Jeneson	Po Box 1598	Hailey	ID	83337
Director	Leah Broman	221 Robin Hood Dr.	Hailey	ID	83337
5. Organized Under the Laws of: IDAHO C 109212		6. Signature  Date <u>11-19-03</u> Name <small>(Typed or Printed)</small> <u>TIM JENESON</u> Title <u>Pres.</u>			