No. <b>C 76286</b>	Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form			JAMES D DICKINSON 609 N SYRINGA ST STE A POST FALLS ID 83854			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JAMES E. DICKINSON INSURANCE, INC. JAMES D DICKINSON 609 N SYRINGA ST STE A POST FALLS ID 83854						
			3. <u>New</u> Registere	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Busin	ness Addresses of P	resident, Secretary, and Directors. Treas	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY ANGELA DEMMIG		609 N SYRINGA STREET	POST FALLS	ID	USA	83854	
PRESIDENT RANDY OAK		609 N SYRINGA STREET	POST FALLS	ID	USA	83854	
DIRECTOR JAMES D DICKINSON		609 N SYRINGA STREET	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: 6. Annual Repor		must be signed.*					
<b>ID</b> Signature: Ar		ngie Demmig Date: 06/24/2010					
C 76286	Name (type or print): Angie Demmig		Tit	Title: Vice President			
Processed 06/24/2010	* Electronically provided signatures are accepted as original signatures.						