

No. C 78207

Due no later than March 31, 2005
Annual Report Form2. Registered Agent and Office **NO PO BOX**

Return to:

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

1. Mailing Address - Correct in this box, if applicable

ARCHIBALD INSURANCE CENTER, INC.
LYNN ARCHIBALD
135 WEST MAIN, BOX 96
REXBURG, ID 83440LYNN D. ARCHIBALD
135 W. MAIN, BOX 96
REXBURG, ID 83440**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New 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.	LYNN D. ARCHIBALD	P.O. Box 96,	REXBURG	ID	83440
SEC.	PATROCEA ARCHIBALD	P.O. Box 96,	REXBURG	ID	83440

5. Organized Under the Laws of:

IDAHO
C 78207

6.

Signature

Lynn D. Archibald

Date

2-9-05

Name (Typed or Printed)

LYNN D. ARCHIBALD

Title

PRES.

Issued 01/03/2005

Do Not Tape or Staple

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