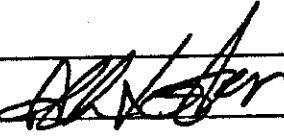


No. C 150100	Due no later than July 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable AGL INSURANCE, INC. 1394 MOJAVE ST IDAHO FALLS, ID 83404		ALLEN LESTER 1394 MOJAVE ST IDAHO FALLS, ID 83404													
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. <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Allen G. Lester</td> <td>1394 Mojave St.</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Allen G. Lester	1394 Mojave St.	Idaho Falls	ID	83404
Office held	Name	Street or P.O. Address	City	State	Zip											
President	Allen G. Lester	1394 Mojave St.	Idaho Falls	ID	83404											
5. Organized Under the Laws of: IDAHO C 150100		6. Signature  Name (Typed or Printed) <u>Allen Lester</u> Date <u>5-21-07</u> Title <u>President.</u>														

Issued 05/01/2007

Do Not Tape or Staple

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