

No. C 164277	Due no later than January 31, 2009 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 NEIL D. CHRISTENSEN INSURANCE AND F 7600 100 451 Eastland Dr. Ste 1 TWIN FALLS, ID 83301		NEIL D CHRISTENSEN 7600 100 451 Eastland Dr. TWIN FALLS, ID 83301 Ste 1.		
NO FILING FEE IF RECEIVED BY DUE DATE	3. <u>New Registered Agent Signature</u>				
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>
President	Neil Christensen	451 Eastland Dr. Ste. 1			
		Twin Falls, ID 83301			
5. Organized Under the Laws of:	6. <u>Signature</u> <u></u> Date <u>1/27/2009</u>				
IDAHO C 164277	Name <small>(typed or Printed)</small> <u>Neil Christensen</u> Title <u>President</u>				