lo. <b>C 4988</b> 8		Annual Report Form 1999 Due No Later Than November 30,					2. Registered Agent and Office NOT A P.O. BOX			
teturn to: SECRETARY <b>OF</b> STAT	i Mail	1 Mailing Address - Please Correct, If Not Correct				JOHN C. SANFORD 9960 OVERLAND RD.				
700 WEST JEFFERSOI PO BOX 83720 BOISE, ID 83720-0080	TR DO BO		SANFORD	INSURANCE	SE	BOISE	I	- <del>-</del>		
NO FEE REQUIRED					3. Organized Under the Laws of:					
* FIRST NOTI		ISE		ID 83719		ID	С	49888		
Corporations: Enter Limited Liability Con	Names and Busines opanies: Enter Name	s Addresses es and Addre	of <b>President, S</b> esses of <b>I</b> Ma	ecretary and Direction of Direction		(check one)				
Office held	<u>Name</u>		Street or P.O.	Address		City	State	<u>Zip</u>		
President	John C. San	ford	2880 Ven	able Ln	Me	eridian	ID	83642		
V. Preside <sup>nt</sup>	Beckie (Seamons) Critchlow		244 Williams Dr.		Pı	riest River	ID	83856		
Secretary	Gayla J. Sa	nford	2880 Ven	able Ln	Me	eridian	ID	83642		
Cignotus of No. 1		6.			<del>- /-</del>	· · · · · · · · · · · · · · · · · · ·				
Signature of New F	tegistered Agent		nature	mil	Ser	John Date _	7/16/9	9		
		Nar	ne (Typed or	ohn C. Sanfo	ord	Title _I	residen	t		
ISSUED: 07-03-1999					26911					
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