NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than October 31, 2005 Annual Report Form  1. Mailing Address - Correct in this box, if applicable INDEPENDENT INSURANCE SALES & BROKE NICHOLAS J ANDROLEWICZ 9554 LINDEN RD NAMPA, ID 83657 8016  and Business Addresses of President, Secretary Street or P.O. Address	2. Registered Agent and Office NO PO BOX  NICHOLAS J ANDROLEWICZ  9554 LINDEN RD  NAMPA, ID 83687  5. New Registered Agent Bignature
SECCHETAY DALE R. W.	Street or P.O. Address  OLEWICZ 9554 LINCLEN Rd.  HTT P.O. Box 373 NAMA, I  ANDROCENICZ 9554 LINCLE A	NAMPA ID 33637
5. Organized Under the Laws of: IDAHO C 108156 Issued 08/01/2005	Name (Typed or Nick ANDROL Ewice  Do Not Tape Staple	Date 8-13-05  2 Title Precident 200510004178