




No. C119748	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address: Please Correct if Not Correct FOELLER INSURANCE, INC. N 545 MCGUIRE RD POST FALLS ID 83854		DENNIS E MCKENZIE 202 ANTON AVE STE 201 COEUR D'ALEN ID 83814 3. Organized Under the Laws of: ID C119748												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>PAUL G. FOELLER</td> <td>E. 504 SELTICE WAY, #C</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	PAUL G. FOELLER	E. 504 SELTICE WAY, #C	POST FALLS	ID	83854
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
PRESIDENT	PAUL G. FOELLER	E. 504 SELTICE WAY, #C	POST FALLS	ID	83854										
5. Signature of New Registered Agent	6. <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>9-22-99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>PAUL G. FOELLER</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>			Signature		Date	9-22-99	Name (Typed or Printed)	PAUL G. FOELLER	Title	PRESIDENT				
Signature		Date	9-22-99												
Name (Typed or Printed)	PAUL G. FOELLER	Title	PRESIDENT												

ISSUED: 07-03-1999

30746