No. <b>C 96105</b>		Due no later than Aug 31, 2005 Annual Report Form  1. Mailing Address: Correct in this box if needed.  GREAT NORTHWEST INSURANCE AGENCY, INC. CHAR MORIARITY 300 N 6TH ST STE 103 BOISE ID 83702 0000		2. Registered	2. Registered Agent and Address (NO PO BOX)  CHAR MORIARITY 300 N 6TH ST STE 103 BOISE ID 83702 0000  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE								
				3. <u>New</u> Regist				
4. Corporations: Enter	Names and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	STEPHEN W		300 N. 6TH STREET STE 103	BOISE	ID	USA	83702	
SECRETARY PRESIDENT		D. MORIARITY . DOUCETTE	300 N. 6TH STEET STE 103 300 N. 6TH STREET STE 103	BOISE BOISE	ID ID	USA USA	83702 83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDAHO C 96105		Signature: Charlene D. Moriarity  Date: 08/17/2005					5	
		Name (type or print): Charlene D. Moriarity			Title: Secretary			
Processed 08/17/2005		* Electronically prov	ided signatures are accepted as original s	signatures.				