

No. C 106422		Due no later than May 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. KUESPERT INSURANCE AGENCY, INC. PAUL D KUESPERT 127 S WASHINGTON, STE 4 MOSCOW ID 83843-2866 USA		JANELLE D KUESPERT 505 N MAIN ST MOSCOW ID 83843				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).								
Office Held	Name	Street or PO Address	City	State	Country	Postal Code		
PRESIDENT	PAUL D KUESPERT	1626 LORIEN LN	MOSCOW	ID	USA	83843		
SECRETARY	JANELLE D KUESPERT	1626 LORIEN LN	MOSCOW	ID	USA	83843		
DIRECTOR	JERRY L JACKSON	3407 SUNSET	CALDWELL	ID	USA	00009		
5. Organized Under the Laws of: ID C 106422		6. Annual Report must be signed.* Signature: Janelle D. Kuespert Name (type or print): Janelle D. Kuespert						Date: 06/07/2009 Title: Secretary
Processed 06/07/2009 * Electronically provided signatures are accepted as original signatures.								