

No. C 143677	Due no later than April 30, 2004 Annual Report Form		2. Registered Agent and Office 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 applicable		BRUCE KNIEFEL 1824 NORCREST DR												
	KNIEFEL INSURANCE SERVICES, INC. 1824 NORCREST DR BOISE, ID 83705		BOISE, ID 83705 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Bruce Kniefel</td> <td>1824 Norcrest Dr.</td> <td>BOISE</td> <td>ID</td> <td>83705</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>	Pres.	Bruce Kniefel	1824 Norcrest Dr.	BOISE	ID	83705
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Pres.	Bruce Kniefel	1824 Norcrest Dr.	BOISE	ID	83705										
5. Organized Under the Laws of: IDAHO C 143677		6. Signature <u>B.A. Kniefel</u> Date _____ Name <small>(Type-I or Printed)</small> <u>Bruce A. Kniefel</u> Title <u>Pres.</u>													