| No. | C117829 | Annual Report Form 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 | | 1. Mailing Address - Please Correct. If Not Correct | DUSTY W TENNEY 451 EASTLAND DP |
| | | DUSTY W. TENNEY INSURANCE AG DUSTY W TENNEY 451 EASTLAND DR | TWIN FALLS ID 83301 |
| NO FEI | E REQUIRED | 431 EASTLAND DR | 3. Organized Under the Laws of: |
| | ST NOTICE * | TWIN FALLS ID 63301 | 15 0117829 |
| 4. Corpor Limited | ations: Enter Names and Liability Companies: Ent | Business Addresses of President, Secretary and Directors or Names and Addresses of Managers or Member | rs (check one) |
| Office h | | Street or P.O. Address | City State Zip |
| Presiden | + Dusty w | Tenney 451 Eastland De Suite 1 Enney 451 Eastland De Suite 1 | Twinfalls IO 83307 |
| Sulth | t Dusty wo | enney 451 Eastland De Suitel | Turin Falls ID 8330) |
| 5. Signatu | re of New Registered | Agent 6. Signature ALAGA JUNE Name (Typed or Printed) | y Date 7-19-99 Title Sec/Mas. |
| ISSUED: 07-03-1999 | | 799 | 3902 |
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