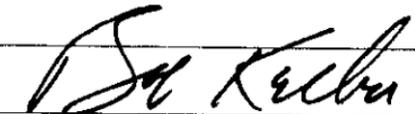


No. C 18346	Due no later than December 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable: IDAHO INSURANCE AGENCY, INC. ROBERT E KELLER BOX 259 LEWISTON, ID 83501	ROBERT E. KELLER 1010 17TH ST. LEWISTON, ID 83501 3. <u>New</u> Registered Agent Signature																		
<p>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</p> <table border="1"> <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>Pres</td> <td>Robert E Keller</td> <td>2606 sunset Dr</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>S-T</td> <td>Marian E Keller</td> <td>2304 Sunset Dr</td> <td>Lewiston</td> <td>ID</td> <td>83501</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	Robert E Keller	2606 sunset Dr	Lewiston	ID	83501	S-T	Marian E Keller	2304 Sunset Dr	Lewiston	ID	83501
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5. Organized Under the Laws of: IDAHO C 18346	6. Signature  Date <u>12-31-03</u> Name <small>(Typed or Printed)</small> <u>Bob Keller</u> Title <u>Pres</u>																			