

No. C 152608

Due no later than January 31, 2007
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

1. Mailing Address - Correct in this box, if applicable

SHAUNA MICKENS INSURANCE AGENCY, IN
515 N 27TH ST
BOISE, ID 83702

MOLLY O LEARY
515 N 27TH STREET
BOISE, ID 83702

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Shauna A Mickens	5983 W State St ste A	Boise	ID	83703
Secretary	Shauna A Mickens	5983 W State St ste A	Boise	ID	83703
Treasurer	John W Mickens	5983 W State St ste A	Boise	ID	83703

5. Organized Under the Laws of:

IDAHO
C 152608

6.

Signature

Shauna A Mickens

Date

12-6-06

Name
(Typed or Printed)

Shauna A Mickens

Title

President

Do Not Tape or Staple

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