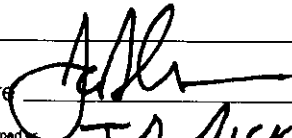


No. <b>C 76286</b>	<b>Due no later than Jul 31, 2000 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  JAMES E. DICKINSON INSURANCE, INC.  PO BOX 1268  POST FALLS, ID 83877		JAMES E DICKINSON EAST 606 SELTICE WAY  POST FALLS, ID 83854												
			3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <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>PRESIDENT/CEO</td> <td>-J.D. Dickinson</td> <td>P.O. Box 1268</td> <td>Post Falls</td> <td>ID.</td> <td>83877</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>	PRESIDENT/CEO	-J.D. Dickinson	P.O. Box 1268	Post Falls	ID.	83877
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
PRESIDENT/CEO	-J.D. Dickinson	P.O. Box 1268	Post Falls	ID.	83877										
5. Organized Under the Laws of:  IDAHO C 76286		6. Signature  Date <u>5/19/00</u> Name (Typed Printed) <u>J.D. Dickinson</u> Time <u>9:00 am</u>													

Issued 05/10/2000

Do Not Tape or Staple

3735