

No. C 76286	Due no later than Jul 31, 2000 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 JAMES E. DICKINSON INSURANCE, INC. PO BOX 1268 POST FALLS, ID 83877		JAMES E DICKINSON EAST 606 SELTICE WAY POST FALLS, ID 83854	
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			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>
PRESIDENT/CEO -J.D. DICKINSON		P.O. Box 1268	Post Falls	IO. 83877
5. Organized Under the Laws of:		6. Signature _____ Date _____		
IDAHO C 76286		Signature _____ Name <small>(Type or Printed)</small> J.D. DICKINSON Date 5/19/00 Time 9:00 am		

Issued 05/10/2000

Do Not Tape or Staple

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