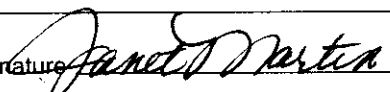


No. C 30499	Due no later than January 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX MICHAEL L MARTIN 1122 IDAHO STREET LEWISTON, ID 83501																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MARTIN INSURANCE, INCORPORATED MICHAEL L MARTIN P. O. BOX 699 LEWISTON, ID 83501		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>michaellmartin</td> <td>1122 Idaho PO BOX 699</td> <td>Lewiston</td> <td>Id</td> <td>83501</td> </tr> <tr> <td>Sec</td> <td>ANN M Grimm</td> <td>1122 Idaho St P.O. BOX 699</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>	President	michaellmartin	1122 Idaho PO BOX 699	Lewiston	Id	83501	Sec	ANN M Grimm	1122 Idaho St P.O. BOX 699	LEWISTON	Id	83501
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Sec	ANN M Grimm	1122 Idaho St P.O. BOX 699	LEWISTON	Id	83501																
5. Organized Under the Laws of: <div style="text-align: center; margin-top: 10px;"> IDAHO C 30499 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature  Name (Typed or Printed) <u>Janet Martin</u> </div> <div> Date <u>11/7/05</u> Title <u>BOOKKEEPER</u> </div> </div>																			